Evidence for change of year of birth shown on Film G118 2/2/49 dm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1 93d 0153

Reg. Dist. No. 81

1. PLACE OF DEATH:

County: Baltimore

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: 6907.5 Ave Dundalk

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County:

City or town: Dundalk (If outside city or town limits, write RURAL and give nearest town)

Street No. 6907.5 Ave Dundalk (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: George Alex

3. (b) Social Security Number: 214-100-134

4. Sex: Male

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6.(b) Name of husband or wife: Rose M.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 14, ~~1877~~ 1871

8. AGE: Years 77 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Hungary (Town, county, and state)

10. Usual occupation: Carpenter Sparrows Point

11. Industry or business

FATHER
12. Name: Julies Alex
13. Birthplace: Hungary

MOTHER
14. Maiden name: Pauline ?
15. Birthplace: Hungary

16. Informant: Rose Tezak

Address: 6907.5 Ave Dundalk

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 3 1949 (month) (day) (year)

Cemetery or crematory: St Stanislaus Cem

Location: Dundalk Ce

18. Funeral director: John G Moran

Address: 3000 E Baltimore St

19. 2/1 19 49 (Date rec'd by registrar) A.W. Hedrick Dm Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30 1949, at 2:00 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 1949, to Jan 30 1949 and that I last saw him alive on Jan 29 1949

Immediate cause of death: Central Hemorrhage — DURATION: 8 days

Due to: A-S-C-V Disease — 10 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M B Davis MD M. D. or other

Address: Dundalk Md Date signed 1/3/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

181/52b

0154

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 year

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Kentucky County: Louisville

City or town: Louisville (If outside city or town limits, write RURAL and give nearest town)

Street No. — (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: NETTIE ~~[illegible]~~ MARIE ALTHAUSER

3.(b) Social Security Number: 400-03-5333

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	SINGLE

6.(b) Name of husband or wife: —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 28 MAY 1876

8. AGE:

Years	Months	Days	If less than one day
72	7	8	hrs. min.

9. Birthplace: HAMILTON, OHIO. (Town, county, and state)

10. Usual occupation: NURSE

11. Industry or business: NURSING

FATHER
12. Name: J. F. ALTHAUSER
13. Birthplace: GERMANY

MOTHER
14. Maiden name: ANNA FLACK
15. Birthplace: EUROPE

16. Informant: Mr. FREDERICK C ALTHAUSER

Address: OWINGS MILLS, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 8-49 (month) (day) (year)

Cemetery or crematory: Allegheny

Location: Pittsburg, Pa.

18. Funeral director: Frank H. Newell

Address: Pikesville, Maryland

19. 1/5 19 49 (Date rec'd by registrar) A.W. Hedrick Dm Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JANUARY 5 1949, at 4:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1947, to Jan 5 1949 and that I last saw her alive on Jan 4, 1949

Immediate cause of death: Cancer of the bladder — DURATION: 3 years

Due to: — —

Due to:

Other conditions: Anemia. Hypertensive cardiovascular disease. (Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work? —

23. SIGNATURE: Louis Dalmau M.D. LOUIS DALMAU M. D. or other

Address: 1413 REISTERSTOWN Rd PIKESVILLE 8, Date signed: Jan 5/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

0155

CERTIFICATE OF DEATH 83a

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton (Rural)
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Big Falls Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Monkton (Rural)
STREET ADDRESS (If rural, give location): Big Falls Rd.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) V. (Last) Anderson

4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 31 1879

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. R. Ennis

14. MOTHER'S MAIDEN NAME: Clara Doughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Wm B. Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 days -
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Paralysis - (3 attacks)	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14, 1949, to 1/17, 1949, that I last saw the deceased alive on 1/16, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Wilmer C. Ensor (Degree or title) M.D. — ADDRESS: Cockeysville Md. — DATE SIGNED: 1/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 20, 1949 — NAME OF CEMETERY OR CREMATORY: Poplar — LOCATION (City, town, or county) (State): Cockeysville Md

DATE REC'D BY LOCAL REG.: 1-19-49 — REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR: Landon M. Bunting — ADDRESS: Sparks, Md.

RECEIVED
JAN 20 1949
BUREAU V. S.

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VS. A15

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Bc 0156

591

130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md	STREET ADDRESS (If rural, give location) 1307 E. Federal Street ✓

3. NAME OF DECEASED (Type or Print)	(First) LEACH	(Middle) - -	(Last) ANDERSON	4. DATE OF DEATH	(Month) Jan.	(Day) 20	(Year) 1949
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 2-16-96	9. AGE last birthday 52 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rigger	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Archnum, Virginia	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME John Anderson	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Clin.Rec.Vets.Adm.Hosp.Ft. Howard, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia and Myocardial Failure	1 week
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	1 year
	(c) Subacute Nephritis	1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		plus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-17-, 1949 to 1-20-, 1949, that I last saw the deceased alive on 1-20-1949, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft. Howard, Md.	1-21-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/25/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Farmville, Va.
DATE REC'D BY LOCAL REG. Jan. 22. 1949	REGISTRAR'S SIGNATURE R.W. H.W. Hauch	24. FUNERAL DIRECTOR Charles R. Law	ADDRESS 802 Mad. ave.

EVIDENCE FOR CHANGE OF AGE SHOWN ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0157

FILE NO. 6 118 JAN 14 1949

CERTIFICATE OF DEATH

606/135b

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 5706 First Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

Street No.: 5706 First Ave. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Frank Oliver Armstrong

3.(b) Social Security Number: 705-03-5198

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Della A. Armstrong (nee Garing)

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 11, 1883

8. AGE:

Years	Months	Days	If less than one day
~~66~~ 65	2	22	..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: B & O R R

FATHER
12. Name: James O. Armstrong
13. Birthplace: Baltimore

MOTHER
14. Maiden name: Georgia Tuerfield
15. Birthplace: Ga.

16. Informant: Mrs. May E. Armstrong

Address: 3400 Wilkens Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/5/49 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Balto., Md.

18. Funeral director: WM. J. TICKNER & SONS

Address: Balto., Md.

19. 1/4 (Date rec'd by registrar) 1949 A.W. Hedrick DM Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3 1949, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8 1948, to Jan. 3 1949 and that I last saw him alive on January 2 1949

Immediate cause of death: Uremia — DURATION: 3 wks –

Due to: Diverticulum of Bladder with hydronephrosis bilateral — ?

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: — Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Earl Poss, M.D. M. D. or other

Address: 4001 Wilkens Ave. Date signed: 1-3-49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

422.1 93d

0158

CERTIFICATE OF DEATH

Reg. Dist. No. 37

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Baltimore

City or town: Glencoe (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Glencoe (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Upper Glencoe Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Samuel Rankin Bacon

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6.(b) Name of husband or wife: Elizabeth Arabelle (nee Benson)

6.(c) If alive, give age: 84 years

7. Birth date of deceased (mo., day, yr.): Feb. 7 1860

8. AGE: Years	Months	Days	If less than one day
88	10	25	... hrs. ... min.

9. Birthplace: Balto. Co. Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Self employed

FATHER
12. Name: Wm. M. Bacon
13. Birthplace: Balto Co. Md

MOTHER
14. Maiden name: Martha Green
15. Birthplace: Balto Co. Md.

16. Informant: Mrs. S. R. Bacon

Address: Glencoe, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 4, 1949 (month) (day) (year)

Cemetery or crematory: St. James

Location: Monkton, Md

18. Funeral director: London M. Brooks

Address: Sparks, Md.

19. Jan. 3, 49 (Date rec'd by registrar) Wilmer C. Ensor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/1 1949 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 1947 to 1/1 1949

and that I last saw h... alive on 1/1 1949.

	DURATION
Immediate cause of death: Myocarditis	3 yrs.
Due to: Arterio sclerosis -	
Due to: Senility -	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: Wilmer C. Ensor M.D.
M. D. or other

Address: Cockeysville Md. Date signed 1/1/49

RECEIVED
JAN 6 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Be 576 0159

CERTIFICATE OF DEATH

129 Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltobly
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2738 St Paul St. ✓

3. NAME OF DECEASED (Type or Print) (First) Irene (Middle) Cornelia (Last) Barrett

4. DATE OF DEATH (Month) Jan (Day) 10 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 21 1880
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY Bookkeeper
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William Barrett
14. MOTHER'S MAIDEN NAME Mary E. Atkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Miss C. P. Bockmiller (friend)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dilatation of Heart

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumococcic peritonitis - 5 mo previous to death and invalidism following.

(c)

INTERVAL BETWEEN ONSET AND DEATH about 12 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1920, to Jan 10, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 11.50 P m., from the causes and on the date stated above.

SIGNATURE E. H. Hayward (Degree or title) (M.D) ADDRESS 13 E Eager St. Balto DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE 1-13-49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. January 12-49
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR Stewart Morrow Company ADDRESS Balto

CERTIFICATE OF DEATH

BIRTH NO. 443 Registered No. 932

1. NAME OF DECEASED (Type or Print) SUSAN BENEZE

2. DATE OF DEATH Jan. 19, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland 6303 Blenhein Road
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Co.
D. STREET ADDRESS (If rural, give location) 6303 Blenheim Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Female	White	Widowed	Dec. 20, 1865	83	0	29		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		Germany	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Schacker	Susan Schacker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Mrs. Henry J. Langenfelder 6303 Blenheim

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A)	Cerebral Hemorrhage	12 hrs
DUE TO (B)	Hypertensive C-V-D	?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Senility and Arteriosclerosis	?

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19, 1949, to Jan 19, 1949 *that I last saw the deceased alive on* Jan 19, 1949, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John M. Scott M. D.	8 Longwood Road	Jan 21, 49

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Jan 22, 1949	Loudon Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
JAN 22 1949	Huntington Williams, M.D.	Ullrich Funeral Home.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1

0161

CERTIFICATE OF DEATH 932 Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place) 16 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1714 Pikesville, md	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; STREET ADDRESS (If rural, give location) 1714 Reisterstown Road
3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Gore (Last) Berryman.	4. DATE OF DEATH: (Month) Jan. (Day) 7. (Year) 1949
5. SEX: M.	6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Sept. 9, 1863
9. AGE last birthday: 85 yrs.	If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Reisterstown, md.	12. CITIZEN OF WHAT COUNTRY? no
13. FATHER'S NAME: Henry C. Berryman	14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Yingling.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none
17. INFORMANT: Mrs. Harry G. Berryman.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Art. Sclerosis	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —		20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 10th, 1943, to Jan. 7th, 1949, that I last saw the deceased alive on Jan. 7th, 1949, and that death occurred at 6.35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James G. Miller M.D. ADDRESS Pikesville, Md DATE SIGNED 1/8/49.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan. 10. 1949	NAME OF CEMETERY OR CREMATORY: Stone Chapel	LOCATION (City, town, or county): Pikesville,	(State): Md.
DATE REC'D BY LOCAL REG.: 1-8-49	REGISTRAR'S SIGNATURE: Dr. E. E. Nichols	24. FUNERAL DIRECTOR: Wm. Berryman & Sons	ADDRESS: Reisterstown	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1949
BUREAU T. S.

0162

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1

CERTIFICATE OF DEATH

93 d Reg. Dist. No. 43

1. PLACE OF DEATH · COUNTY BALTIMORE CO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baltimore · LENGTH OF STAY (in this place) 60 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belair Rd.	STREET ADDRESS (If rural, give location) Belair Rd. Box #4

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) (Last) BERTRAND			4. DATE OF DEATH (Month) Jan. (Day) 13 (Year) 1949	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Nov. 28, 1861	9. AGE last birthday 87 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Leibel			14. MOTHER'S MAIDEN NAME Babetta ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. Frank C. Mellon	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1947, to Jan 13, 1949, that I last saw the deceased alive on Jan. 12, 1949, and that death occurred at 11 45 p.m., from the causes and on the date stated above.

SIGNATURE Samuel B. Wolfe (Degree or title) M.D. ADDRESS 1331 E. North Ave. Baltimore DATE SIGNED 1-14-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/17/49	NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 1/17/49	REGISTRAR'S SIGNATURE A.W. Hedrich	24. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTIMORE, MARYLAND	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0163

CERTIFICATE OF DEATH

443 131a

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 7 mos. 13 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) Powers Lane

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Margaret (Last) Bewley

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 9-8-1874

9. AGE last birthday: 74 yrs. If under 1 year: Months 4 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cutter

10b. KIND OF BUSINESS OR INDUSTRY: tailoring

11. BIRTHPLACE (State or foreign country): Catonsville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Thomas Bewley

14. MOTHER'S MAIDEN NAME: Mary Margaret Kaiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bilateral bronchopneumonia, undiagnosed	8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	indefinite
	(c) Hypertensive cardiovascular disease	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic interstitial nephritis "

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1948, to January 19 1949, that I last saw the deceased alive on January 19 1949, and that death occurred at 7:15a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Isadore Tuerk, M.D. ADDRESS Isadore Tuerk, M.D., Clinical Director Catonsville-28 Md. DATE SIGNED 1-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE Jan 22/49 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 1-21-49 REGISTRAR'S SIGNATURE V. E. Harvey

24. FUNERAL DIRECTOR Easton Sons - Catonsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 0164

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH 157 469 Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft.Howard
LENGTH OF STAY (in this place): 44 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Hospital, Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1320 Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALLEN		BIVENS	Jan.	19,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Colored	Married	2-9-1900	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Truck Driver	North Carolina	USA

13. FATHER'S NAME: Allen Bivens

14. MOTHER'S MAIDEN NAME: Judy Roey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	WW-I	217-05-2771	Clin. Records, VAH, Ft. Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma of Pancreas (Medullary type) — 3-1/2 Months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-6-, 1948, to 1-19-, 1949, that I last saw the deceased alive on 1-19-, 1949, and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft.Howard, Md.	1-21-49

23. BURIAL, CREMATION / REMOVAL, (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-27-49		Fayetteville, N.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-24-49	A.W. Hedrick	Charles K. Law	802 Mad. Ave.

0165

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

CERTIFICATE OF DEATH

462

Reg. Dist. No. 32

1. PLACE OF DEATH COUNTY: BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE — LENGTH OF STAY (in this place): 10 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIKESVILLE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: home	STREET ADDRESS (If rural, give location): 105 SLADE AVE.

3. NAME OF DECEASED (Type or Print)	(First) Bertha	(Middle) E.	(Last) Bollinger	4. DATE OF DEATH	(Month) Jan (Day) 12 (Year) 1949
5. SEX: FEMALE	6. COLOR OR RACE: W	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): married	8. DATE OF BIRTH: ABT 1896	9. AGE last birthday: About 53 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Frostburg. Md	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: La Rue		14. MOTHER'S MAIDEN NAME: Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Robert Bollinger			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s)	(b) Coronary artery disease & myocarditis (chronic)	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) arteriosclerosis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of Colon	1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1947, to Jan 12, 1949 that I last saw the deceased alive on 1-12-, 1949, and that death occurred at 1.50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E E Nichols	MD	Pikesville Md	1-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 15-49	Stone Chapel	Pikesville. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-15-49	Dr E E Nichols	Frank H. Newell	

PW NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1949
BUREAU V. S.

2 581
E3
461

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE IS ON:

FILM No. G 11? FEB 24 1949

0166

EVIDENCE FOR ADDITIONS + CORRECTIONS OF ITEMS # 1, 10A, 12, 13, 14 + 17 IS ON: FILM No. G118 - 2-4-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 9Ha 420.1

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: BALTIMORE Co. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL BALTIMORE (CATONSVILLE) — LENGTH OF STAY (in this place): ~~APROX 4 MOS~~ 2 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MANHATTAN BEACH.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5804 EDMUNDSON AVE	STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)	(First) COLUMBUS	(Middle) ZANE	(Last) BOTELER	4. DATE OF DEATH	(Month) 1 (Day) 20 (Year) 1949
5. SEX: M	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: JUNE 16, ~~1875~~ 1876	9. AGE last birthday: 72 ~~73~~ yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST (RETIRED)	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: GEORGE M. BOTELER	14. MOTHER'S MAIDEN NAME: AMELIA OSLER.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —	16. SOCIAL SECURITY No.	17. INFORMANT: MRS CATHERINE E. BOTELER (WIFE)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. S. McKieffer M.D. Dep. Med. Exam Balto Co 1010 Leeds ave, 1-22-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 1/24/48	NAME OF CEMETERY OR CREMATORY: DRUID RIDGE	LOCATION (City, town, or county) (State): PIKESVILLE, MD.
DATE REC'D BY LOCAL REG.: January 22 1949	REGISTRAR'S SIGNATURE: B.W. [illegible] Hedrick	24. FUNERAL DIRECTOR: JOHN F. DENNY, INC	ADDRESS: 715 LIGHT ST-3 BALTIMORE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Duplicate cert. states
birth date is JULY 16, 1876

Dr. Geo S.M. Kieffer

2470 WASHINGTON BLVD

9 TO 10 AM

7 TO 8 PM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

170/50

0167

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
STREET ADDRESS (If rural give location) Box #5 Chase, Md.

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) Jane (Last) Brown

4. DATE OF DEATH (Month) January (Day) 16th (Year) 1949

5. SEX F

6. COLOR OR RACE Colored

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) yes

8. DATE OF BIRTH June 2nd 1882

9. AGE last birthday 66 yrs. If under 1 year: Months 7, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Harrisburg Penna.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME Sarah Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Howard Sterling Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of left breast	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION Sept 22-1943

19b. MAJOR FINDINGS OF OPERATION Carcinoma of left breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22nd 1943, to Jan 15th, 1949, that I last saw the deceased alive on 15th Jan 1949, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. H. Thomas M.D. Turner's Sta. Md.

23. BURIAL, CREMATION REMOVAL (Specify) DATE Jan 20 1949 NAME OF CEMETERY OR CREMATORY Sharp St. Cemetery LOCATION (City, town, or county) Chase (State) Md

DATE REC'D BY LOCAL REG. 1/18/49 REGISTRAR'S SIGNATURE H. W. Hedrick

24. FUNERAL DIRECTOR Mrs. L. A. Elliott & Daughter ADDRESS 1129 N. Caroline St & Balto 13, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 0168
938

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 508 Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 508 Reisterstown Rd.

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) IRENE (Last) BUFFINGTON

4. DATE OF DEATH: (Month) JAN (Day) 23 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: JAN 30 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): HAGERSTOWN, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HENRY WINTER

14. MOTHER'S MAIDEN NAME: MARY C. ULLRICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NO

17. INFORMANT: Miss A. WINTER, sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	15 mts
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis generalized	years
	(c) Hypertensive Cardio-vascular disease	years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Macrocytic Anemia

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1940, to Jan, 1949, that I last saw the deceased alive on Jan 22, 1949, and that death occurred at 2 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis Dalmas Physician 1413 Reisterstown R.f. Pikesville 1/23/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1/26/49
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
LOCATION (City, town, or county) (State): Pikesville Md.

DATE REC'D BY LOCAL REG. 1-24-49
REGISTRAR'S SIGNATURE: C. W. Hyland

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

LA 4321
508 Rustenstown Rd - Blade Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

292.4 Bc 76a 0169

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? four years, ten months, 16 days

Hospital, institution, or street address where death occurred:

Spring Grove State Hospital

How long in hospital or institution?... 4 years, 10 months, 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2131 E. Federal Street

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME

HELEN CANARY

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: Irvin Canary

6.(c) If alive, give age: 27 years

7. Birth date of deceased (mo., day, yr.): October 30, 1919

8. AGE:

Years	Months	Days	If less than one day
29	2	3	...hrs. ...min.

9. Birthplace: Raspeburg, Maryland (Town, county, and state)

10. Usual occupation: Comptometor operator

11. Industry or business: Office

FATHER

12. Name: Howard Russell Price

13. Birthplace: Raspeburg, Md.

MOTHER

14. Maiden name: Marie T. Riebold

15. Birthplace: Maryland

16. Informant: Hospital Records

Address: Catonsville 28, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof... 1-6-49 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Belair Road

18 Funeral director: John O. Milley Inc.

Address: 243 E. Oliver St.

19. 1/4 (Date rec'd by registrar) 19 49 A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2, 19 49, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 17, 19 44, to January 2, 19 49 and that I last saw her alive on January 2, 19 49

Immediate cause of death	DURATION
1) Aplastic Anemia, undiagnosed,	Indefinite
Due to: 2) Agranulocytic Angina	8 days
Due to:	
Other conditions: Jaundice, hematogenous?	2 "

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

Isadore Tuerk, M.D.

23. SIGNATURE: Isadore Tuerk, M.D. M. D. or other

Address: Catonsville 28, Md. Date signed: 1/2/49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

592
131a

0170

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Hebbville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mos

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Balt o.

City or town: Hebbville (If outside city or town limits, write RURAL and give nearest town)

Street No. 7403 Winsor Mill Road (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: George W. Carrick

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: May Agnes Carrick

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 2, 1885

8. AGE: Years	Months	Days	If less than one day
63	3	22	..... hrs. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Moulder

11. Industry or business: Tire Business

FATHER — 12. Name: Charles Carrick

FATHER — 13. Birthplace: A.A.Co; Md

MOTHER — 14. Maiden name: Hannah Reily

MOTHER — 15. Birthplace: A.A.Co; Md.

16. Informant: Mrs. May Agnes Carrick (Widow)

Address: 7403 Winsor Mill Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 26/49 (month) (day) (year)

Cemetery or crematory: Provident

Location: Kemptown, Frederick Co; Md

18. Funeral director: LORING BYERS

Address: 5005 Park Heights Avenue

19. 1/25 19 49 (Date rec'd by registrar) A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 24 1949, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 20 1948 to Jan. 24 1949 and that I last saw h.. alive on Jan. 22 1949

Immediate cause of death	DURATION
Chr. myocarditis	Nov. 1947
Due to: Chr. Interstitial nephritis	1947
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Paul Brown M.D. (M. D. or other)

Address: 1663 W. Pratt St. Date signed: 1/25/49

VS-A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

9720

0171

CERTIFICATE OF DEATH

163H Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2928 Sollers Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural give location) 2928 Sollers Point Road

3. NAME OF DECEASED (Type or Print): (First) Rodger (Middle) L. (Last) Carson

4. DATE OF DEATH: (Month) January (Day) 11, (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 18, 1911

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Manager

10b. KIND OF BUSINESS OR INDUSTRY: Govens Furniture

11. BIRTHPLACE (State or foreign country): Bath Gate, North Dakota

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Carson

14. MOTHER'S MAIDEN NAME: Dora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Clarine Carson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon Monoxide Poisoning (Deliberately Gas)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Dundalk (COUNTY): Balto (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 9:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. D. Davis M.D. - Dept. Med. Examr. Balto Co. - Dundalk Md 1/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Jan. 12, 1949

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Cavalier, North Dakota

DATE REC'D BY LOCAL REG.: Jan. 12, 1949

REGISTRAR'S SIGNATURE: F. M. Feeley Jr.

24. FUNERAL DIRECTOR: Roland L. Fisher

ADDRESS: 2112 Dundalk Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

393 732 BC 0172

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 yrs. 10 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 842 East Pratt Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph		Casagrande	January	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	July 31, 1886	62 yrs.	5	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Mining	Italy	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tom Casagrande	Rosa Corr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Oedema	hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe Anemia	indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar. 20, 1946, to Jan. 20, 1949, that I last saw the deceased alive on Jan. 20, 1949, and that death occurred at 5:25 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isadore Tuerk, M.D.	M. D.	Spring Grove State Hospital	Feb. 8, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-8-49	Spring Grove Hospital	Catonsville 28, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/9/49	W. E. Harry	Spring Grove Hospital, Balto. 28, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

0173

900.7 Bc 186a

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 1yr 8 mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 1121 Granby Street ✓

3. NAME OF DECEASED (Type or Print) (First) Frances (Middle) (Last) Caudo			4. DATE OF DEATH (Month) January (Day) 16 (Year) 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH ~~5/2~~ Oct. '88	9. AGE last birthday 60 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Italy	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Russo Caudo			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Brochopneumonia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C V. disease with decompensation — 1 mo - 15 day

(c) Fracture of the left femur

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Accident	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hospital	(CITY OR TOWN) Catonsville	(COUNTY) Baltimore	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Dedember 1, 1948 m.	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR? Fell down steps		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo S McKieffer	Mp Dep. Med. Exam Balto. C	1010 Leeds ave	1-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 20. 1949	NAME OF CEMETERY OR CREMATORY Holy Redeemer	LOCATION (City, town, or county) (State) Belair Road
DATE REC'D BY LOCAL REG. 1/18/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Wendell J Hippel	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0174

4201
93d

Reg. Dist. No. 39

1. PLACE OF DEATH:
County Baltimore
City or town Sparks P.O.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr. 4 mon.
Hospital, institution, or street address where death occurred:
Dulls Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Sparks P.O.
(If outside city or town limits, write RURAL and give nearest town)
Street No. Dulls Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Irene Chiaiuttini

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband ~~or wife~~
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1872

8. AGE: Years	Months	Days	If less than one day
76	1	22	— hrs. — min.

9. Birthplace Trieste (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business at Home
FATHER 12. Name Peter Micol
FATHER 13. Birthplace Trieste
MOTHER 14. Maiden name Domenica Rassignan
MOTHER 15. Birthplace Trieste
16. Informant Jordan Chiaiuttini
Address Sparks P.O., Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 5 1949 (month) (day) (year)
Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.
18. Funeral director John Burns' Sons
Address Towson, Md.
19. Jan. 2, 1949 (Date rec'd by registrar) W Carroll Dawson Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1949, at 1:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948, to Jan. 2 1949 and that I last saw h... alive on Dec. 31 1948

Immediate cause of death	DURATION
Carcinoma Thrombosis	15 mins
Due to Hypertension	
Cardiovascular Renal Disease	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Maurice C. Porter Jr. M.D. M. D. or other
Address Homestead, Md. Date signed 1-6-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0175

420.1
938

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon LENGTH OF STAY (in this place) 29 yrs HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Isabelle	Christhilf	Jan. 15, 1949 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Feb, 15, 1883	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore City	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Anderson Wallace	Louisa S. Bowling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Donald L. Christhilf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis-chronic --- Hypertension and	15 yrs
(c) cerebroarteriosclerotic disease.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage 1942.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
----	----	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
----- m.		

22. I hereby certify that I attended the deceased from 1-1-30, 19..., to 1-15-49, 19..., that I last saw the deceased alive on 1-4-49, 19..., and that death occurred at 1.30P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Anna L. Saffell	M.D.	Reisterstown, Md.	1-16-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 17, 1949	Reisterstown Methodist	Reisterstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-17-49	Mary B. Eline	J. F. Eline & Sons	Reisterstown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 19 1949
BUREAU Y. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 0176 002 13b

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard,
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1019 E. Preston St.,

3. NAME OF DECEASED (Type or Print) (First) KENNETH (Middle) T (Last) CHRISTIE

4. DATE OF DEATH (Month) Jan. (Day) 15 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH 10-12-1889

9. AGE last birthday 59 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hot houseman

10b. KIND OF BUSINESS OR INDUSTRY Florist

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Christie

14. MOTHER'S MAIDEN NAME Isabella Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY No. unknown

17. INFORMANT Clinical Records, VAH, Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10-1949, to 1-15-49, 19....., that I last saw the deceased alive on 1-15-49, 19....., and that death occurred at 10:00 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) CHARLES STRAHN, M.D.

ADDRESS VAH, FT. HOWARD, MD.

DATE SIGNED 1-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/18/49 ~~1-15-49~~

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/17/49

REGISTRAR'S SIGNATURE A. W. Hedrick Dom

24. FUNERAL DIRECTOR HOWARD BLIGHT, FUNERAL HOME, ADDRESS Balto.,Md.

Howard N. Blight, Jr. 6009 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

0177

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland, COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md.	LENGTH OF STAY (in this place): 12y-11m-27d
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, Maryland
	STREET ADDRESS (If rural give location): 528 Bond Street (south)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peter		Cituk	1	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	10/16/1900	48 yrs.	2	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
seaman - laborer	shipping	Baltimore, Maryland	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Cituk	Mary Cituk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic myelogenous leukemia	indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe anemia	indefinite
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-5-, 1937, to 1-13, 1949, that I last saw the deceased alive on 1-13, 1949, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk M.D. (Degree or title) ADDRESS Spring Grove State Hospital, Isadore Tuerk, M.D., Clinical Director, Catonsville-28, Md. DATE SIGNED 1-14-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 17-49	Holy Rosary	Balto. Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-14-49	A. W. Hebert	Wm. L. Fialkowski	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 94a

0178

Reg. Diat. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, Institution, or street address where death occurred: none
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 3 Brightside Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Geraldine Murrin Cooper

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife: John Purley Cooper, Jr.
6.(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): September 6, 1906

8. AGE: Years	Months	Days	If less than one day
42	3	27	...hrs. ...min.

9. Birthplace: Parkersburg, W. Va. (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business

FATHER
12. Name: George P. Murrin
13. Birthplace: Pa.

MOTHER
14. Maiden name: Helen Wilson Smith
15. Birthplace: W. Va.

16. Informant: Mr. John P. Cooper, Jr.
Address: 3 Brightside Ave., Pikesville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-6-49 (month) (day) (year)
Cemetery or crematory: New Cathedral
Location: Old Frederick Road, Baltimore, Md.

18. Funeral director: John O. Mitchell & Son, Inc.
Address: 1900 Eutaw Place, Baltimore, Md.

19. 1-5- 19 49 (Date rec'd by registrar) Dr. E. E. Nichols, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 3, 1949, at 6:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1949, to Jan 3 1949 and that I last saw her alive on Jan 3 1949.

Immediate cause of death	DURATION
Coronary artery Disease	1 day
Due to	
Due to	
Other conditions: Chr. alcoholism	5 yrs
Psychosis	2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: None. Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None. Date of
Where did injury occur? (City or town) None. (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. A. Eagles, M.D. med. exam. M. D. or other
Address: 6 Hanover Road, Reisterstown, Md. Date signed: 1-5-49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

9726 / 1634

0179

Reg. Dist. No. 41

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Portship Road	STREET ADDRESS (If rural give location) 64 Portship Road

3. NAME OF DECEASED (Type or Print) (First) Nellie (Middle) L. Copper (Last)

4. DATE OF DEATH (Month) Jan. (Day) 7 (Year) 1949

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M. | 8. DATE OF BIRTH Oct. 3, 1912 | 9. AGE last birthday 36 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Lisbon, Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles E. Fisher | 14. MOTHER'S MAIDEN NAME Mary W. Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT. William C. Copper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Poisoning (Illuminating Gas) —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION None | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home | (CITY OR TOWN) Dundalk - | (COUNTY) Balto | (STATE) Md.

TIME OF INJURY (Month) Jan. (Day) 7 (Year) 1949 (Hour) 7:00 a.m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19..., to —, 19..., that I last saw the deceased alive on —, 19—, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. B. Davis MD - Dept Med Exam - Balto Co - 3 Kinship Road - Dundalk 1/8/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) | DATE Jan. 10, 1949 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) Baltimore County, (State) Md.

DATE REC'D BY LOCAL REG. Jan. 8-1949 | REGISTRAR'S SIGNATURE W. M. Kelly Jr. | 24. FUNERAL DIRECTOR Roland L. Fisher, 2112 Dundalk Ave. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

443/432 Reg. Dist. No. 0180 40

1. PLACE OF DEATH:

County: BALTIMORE

City or town: BAYNESVILLE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD County: BALTO.

City or town: BAYNESVILLE
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1615 JOPPA Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: ROSA ANNA CORBIN

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	White	MARRIED

6.(b) Name of husband or wife: NATHAN P. CORBIN

6.(c) If alive, give age: 75yrs? years

7. Birth date of deceased (mo., day, yr.): 1873 Sept. 28

8. AGE: Years	Months	Days	If less than one day
75	3	3	...hrs. ...min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business

FATHER
12. Name: JOHN WESLEY SINDALL
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: MARY Pimper
15. Birthplace: Germany

16. Informant: Husband.

Address: SAME

17. burial (Burial, cremation, or removal. Which?) Date thereof 1/4/49 (month) (day) (year)

Cemetery or crematory: Moreland Memorial Park
Taylor Ave.

Location:

18 Funeral director: Lassahn Funeral Home.

Address: 7401 Belair Road

19. 1/x (Date rec'd by registrar) 19 x9 A W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/1 19 49, at 7:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/1 19 48 to 1/1 19 49

and that I last saw h[illegible] alive on 1/1 19 49

Immediate cause of death	DURATION
Cardiac failure	
Due to Arterio-sclerotic-hyper-tensive Cardio-vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Gordon Gross M D
M. D. or other

Address 8543 Loch Raven Blvd. Date signed 1/1/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

151/46b

Reg. Dist. No. 38 0181

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Presbyterian Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Presbyterian Home
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ellen Peck Coulson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 18, 1864

8. AGE: Years	Months	Days	If less than one day
84	---	18	..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Thomas H. Coulson
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mary H. Broughton
15. Birthplace: Cecil County, Md.

16. Informant: Mrs. Twilah E. Elliott, Supt.
Address: Presbyterian Home, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/12/49 (month) (day) (year)

Cemetery ~~or crematory~~: Loudon Park

Location: Baltimore, Md.

18. Funeral director: John O. Mitchell & Sons, Inc.
Address: 1900 Eutaw Place, Baltimore, Md.

19. Jan 11, 1949 (Date rec'd by registrar) W. Carroll Bos Hood Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10 1949, at 2.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1947, to Jan 9 1949 and that I last saw her alive on Jan 9, 1949

Immediate cause of death: Carcinoma (Gastric)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 2 yrs.

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Glenn Green Jr. M.D. M. D. or other

Address: Allegheny Ave., Towson, Md. Date signed: 1/11/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

443
95C

0182

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
MARYLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) — (Last) Cousins

4. DATE OF DEATH (Month) Jan (Day) 21 (Year) 1949

5. SEX F | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH July 22 1878 | 9. AGE last birthday 70 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Loudon County Va. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Anderson Gregg | 14. MOTHER'S MAIDEN NAME Louisa Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac decompensation	1 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	unk.
	(c) Hypertension	unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 17, 1948, to Jan 21, 1949, that I last saw the deceased alive on Jan 21, 1949, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Kennett A. Stone M.D. | Lutherville Md | 1/22/49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE JAN 25 1949 | NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery | LOCATION (City, town, or county) (State) Long Green

DATE REC'D BY LOCAL REG. 1-25-49 | REGISTRAR'S SIGNATURE C. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS Mrs Ott A. Elliott & Daughter 1129 N. Carlton St

VS. A15

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print): ALFRED COX

2. DATE OF DEATH: January 15, 1949

3. PLACE OF DEATH: A. ~~Baltimore City~~ Baltimore County, Maryland Sparrows Point

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bethlehem Stteel Company

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sparrows Point
D. STREET ADDRESS (If rural, give location): 610 I Street

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months	Days	If Under 24 Hours: Hours	Min.
Male	Colored	Married	7-12-1908	40				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Bethlehem Steel	Meherrin, Virginia	USA

13. FATHER'S NAME: Weldon Cox

14. MOTHER'S MAIDEN NAME: Martha Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Lucy Cox ADDRESS: 610 I St., Sparrows Pt.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21F. HOW DID INJURY OCoccur?

22. *I certify that I took charge of the remains described above, held an* Autopsy *thereon and from the evidence obtained by said* Autopsy, Inspection or Inquiry *Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

23A. SIGNATURE M.D.

23B. CHIEF MEDICAL EXAMINER [ ] ASSISTANT MEDICAL EXAMINER [X] MEDICAL INVESTIGATOR [ ]

23C. DATE SIGNED: 1-16-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: 1-19-49

24C. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem

24D. LOCATION (City, town, or county) (State): Meherrin, Virginia

DATE RECEIVED BY LOCAL REGISTRAR: 1/18/49

REGISTRAR'S SIGNATURE: A.W. Bedrick

25. FUNERAL DIRECTOR ADDRESS: Mrs R.A. Elliott & Daughter

VS. A15

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

154 462 Reg. Dist. No. 4X 0184

1. PLACE OF DEATH:

County: Baltimore

City or town: Fort Howard
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, Institution, or street address where death occurred:
V. A. H., Fort Howard, Maryland

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: St. Michaels
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Box 11
(If rural, give LOCATION)

2.(a) If veteran, name war: WW II

3.(a) FULL NAME: CHARLES H. DAFFIN

3.(b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Eleanor Daffin

6.(c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): December 7, 1912

8. AGE: Years	Months	Days	If less than one day
36	0	26	...hrs. ...min.

9. Birthplace: Talbot Co., Maryland
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business:

FATHER
12. Name: Arthur Daffin
13. Birthplace: Maryland

MOTHER
14. Maiden name: Annie Milke
15. Birthplace: Germany

16. Informant: Clinical Records, Vet. Adm. Hosp.
Address: Fort Howard, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 5, 1949 (month) (day) (year)

Cemetery or crematory: Spring Hill Cemetery

Location: Easton, Maryland

18. Funeral director: Norman D. Marshall

Address: St. Michaels, Md.

19. 1/3 19 49 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2 19 49 at 10:35P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 31 1948 to January 2 1949 and that I last saw him alive on January 2 1949

Immediate cause of death	DURATION
CARCINOMA OF RECTUM WITH MULTIPLE METASTASES TO ABDOMINAL ORGANS	18 mo.
Due to	
Due to	
Other conditions: Chronic nephritis	10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op. ...

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ...Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury: ...Injured at work?

23. SIGNATURE: H. C. Managh M. D. or other

Address: Fort Howard, Maryland Date signed: 1-3-49

H. C. MANAUGH, M.D., CHIEF, PRO. SERVICES

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

State Board of Health
2411 N Chester

0185

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5610

CERTIFICATE OF DEATH

1220

Reg. Dist. No. 31

1. PLACE OF DEATH · COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN — LENGTH OF STAY (in this place) 80 YEARS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) CHURCH ROAD.

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) HENRY	(Last) DAVIS	4. DATE OF DEATH	(Month) 1	(Day) 27	(Year) 1949
5. SEX M	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH DEC. 19, 1868	9. AGE last birthday 80 yrs.	If under 1 year Months. —	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LANDSCAPER	10b. KIND OF BUSINESS OR INDUSTRY LANDSCAPER.	11. BIRTHPLACE (State or foreign country) MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME JOSEPH DAVIS	14. MOTHER'S MAIDEN NAME CAROLINE BELL.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —	16. SOCIAL SECURITY No. NOT KNOWN	17. INFORMANT WIFE					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) INTESTINA OBSTRUCTION - ACUTE	JAN. 24, 1949 -
Antecedent cause(s)		JAN 27, 1949.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to Strangulated Hernia	
	(c) Direct Inguinal Hernia	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 25, 1949, to Jan 27, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 5:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edwin L. Pierpont, M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 29, 1949	NAME OF CEMETERY OR CREMATORY St. Thomas	LOCATION (City, town, or county) Randallstown	(State) Md
DATE REC'D BY LOCAL REG. January 29-1949	REGISTRAR'S SIGNATURE R.W. [signature]	24. FUNERAL DIRECTOR Mrs. George H. Holland	ADDRESS 1631 Druid Hill Ave.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition item # 18 is on:

FILM No. G 119 MAR 10 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

0186

Ba 420.1 83b

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 6 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 536 N. Eden Street

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) D.	(Last) DAVIS	4. DATE OF DEATH	(Month) Jan. (Day) 20, (Year) 1949
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 12-22-16	9. AGE last birthday: 32 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Whiteville, N. C.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Elliott Davis	14. MOTHER'S MAIDEN NAME: Emma Troy				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-2	16. SOCIAL SECURITY No.: unknown	17. INFORMANT: Clin.Rec. Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thrombosis of basilar artery	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Infarcts of lungs and kidneys	"
	(c) Scarring of myocardium and mural thrombi	4 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Underlying cause unknown [3/9/49 akc]

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1949, to 1-20-, 1949, that I last saw the deceased alive on 1-20-, 1949, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D. (H C Manaugh)	Chief Pro. Ser.	VAH, Ft.Howard, Md.	1-21-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-26-49	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 22 1949	R.W. [signature]	Charles R.Law,	802 Madison Ave.,Balto.,Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

443/93d

0187

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Balto

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6301 Windsor Mill Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lillian R. Davis

3. (b) Social Security Number 212-16-5134

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Thomas W. Davis Jr.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 25, 1868

8. AGE: Years 80 | Months 8 | Days 5 | If less than one day ..... hrs. ..... min.

9. Birthplace: Philadelphia Pa
(Town, county, and state)

10. Usual occupation: Operator

11. Industry or business: Jacob Bros.

FATHER
12. Name: Charles Tilton
13. Birthplace: Philadelphia Pa

MOTHER
14. Maiden name: Dollie Babcovin
15. Birthplace: Philadelphia Pa

16. Informant: Thomas W. Davis Jr.

Address: 103 W Fourth Ave Brooklyn Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 3 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: G.A.C.

18. Funeral director: A. Howard Evans

Address: 1400 S. Charles St

19. 2/2 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 31, 1949, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1945, to Jan 31 1949 and that I last saw her alive on January 31 1949

Immediate cause of death	DURATION
Cerebral Hemorrhage	1/31/49
Due to Arteriosclerotic & Hypertensive C.V. Disease	1/45 t
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: T. E. Cook M.D. M. D. or other

Address: 3629 Edmondson Date signed: 2/2/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0188

331/83a

Reg. Dist. No. 35

1. PLACE OF DEATH:

County: Baltimore

City or town: Rural near Parkton.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 yrs.-

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore.

City or town: Rural near Parkton.
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2 miles W. of Parkton.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Lettie Margaret Dix.

3.(b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married.

6.(b) Name of husband or wife: William Cooper Dix

6.(c) If alive, give age: 77.- years

7. Birth date of deceased (mo., day, yr.): July 10, 1874

8. AGE: Years: 74 Months: 6 Days: 1 If less than one day: hrs. min.

9. Birthplace: Wythe Co., Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home.

FATHER
12. Name: Alfred Copenhaver.
13. Birthplace: Wythe Co., Va.

MOTHER
14. Maiden name: Elizabeth Rosenbaum.
15. Birthplace: Smith Co., Va.

16. Informant: William C. Dix.
Address: Parkton, Md. R.D.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan. 12, 1949. (month) (day) (year)

Cemetery or crematory: New Bethel Cemetery

Location: Crockett, Va.

18. Funeral director: Jacob Hartenstein
Address: New Freedom, Pa.

19. Jan 12 1949 (Date rec'd by registrar) Christa L. Fiedler, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 11, 1949 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 8 1949 to January 11 1949 and that I last saw her alive on January 11 1949

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Louis Schatanoff M.D. M. D. or other

Address: New Freedom, Pa. Date signed: 1-12-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 21 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

416 / 93d

0189

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: Baltimore

~~City~~ or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred: Katherine Robb Nursing Home, Villanova

How long in hospital or institution? 10 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Lochearn
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3614 Sylvan Drive
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME SARAH JANE DOVER

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Jeremiah Dover

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 29, 1878

8. AGE: Years	Months	Days	If less than one day
70	11	15	..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Charles E. Freburger
13. Birthplace: Md.

MOTHER
14. Maiden name: Fanny E. Davis
15. Birthplace: Md.

16. Informant: Mrs. Dorothy E. Strohm, daughter
Address: 3614 Sylvan Drive, Balto. 7, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/17/49 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Baltimore, Md.

18. Funeral director: WM. J. TICKNER & SONS
Address: Baltimore, Md.

19. January 15th, 1949 (Date rec'd by registrar) A-W Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 14 1949, at 5:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1947 to January 1949 and that I last saw her alive on January 13 1949

Immediate cause of death: Respiratory Failure

Due to: Congestive Heart Failure — DURATION: 3 months

Due to: Rheumatic Cardio-Vascular Disease — 40 years

Other conditions: Arteriosclerotic cardio-vascular disease — 20 years
(Include pregnancy within 3 months of death)

Major findings of operations: None made

Date of op.

Autopsy results: None made

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Millard T. Traband Jr. M. D. ~~or other~~

Address: 3400 Woodbine Ave, Balto 7, Md. Date signed: 1/14/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0190

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

416 x / 93c

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Balto — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7935 E. 33rd St.	STREET ADDRESS (If rural give location): 7935 E. 33rd St

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Clarence L. Dowing

4. DATE OF DEATH (Month) (Day) (Year): 11 29 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: 9/29/78

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Watchman

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. A. Dowing

14. MOTHER'S MAIDEN NAME: Mary K. Kromling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Audrey Creed

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral apoplexy	Sudden
Antecedent cause(s)	(b) Arterio-Sclerotic-Cardio-Vascular disease	2 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Rheumatic Heart	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1948, to Jan 29, 1949 that I last saw the deceased alive on Jan 28, 1949, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo. M. Baumgardner — ADDRESS: Balto 6 Md. — DATE SIGNED: 1-29-49

23. BURIAL, ~~CREMATION REMOVAL (Specify)~~ — DATE: 1/31/49 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel — LOCATION (City, town, or county) (State): O'Donnell St

DATE REC'D BY LOCAL REG: 1/31/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: Tilley & Teiler Inc. — ADDRESS: 403 S. Wolfe St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0191

EVIDENCE FOR ADDITIONAL ITEM # 18 IS ON

FILM No. G 119 MAR 10 1949

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home 715 Anneslie Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 715 Anneslie Road

3. NAME OF DECEASED (Type or Print): (First) Hugh (Middle) Sisson (Last) Duker

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-7-1892

9. AGE last birthday: 56-2-13 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Retired 1937

10b. KIND OF BUSINESS OR INDUSTRY: Insurance & Real Estate

11. BIRTHPLACE (State or foreign country): Balto. - Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman H. Duker

14. MOTHER'S MAIDEN NAME: Rose Sisson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Evelyn Klipper Duker - widow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Laennec's Cirrhosis is cause of death [3/9/49 alc] — Interval between onset and death: 1 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Rheumatic Heart Disease

(c) Acute Nephritis — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26-, 1948, to 1-20-, 1949 that I last saw the deceased alive on 1-20-, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert H. Levie M.D. ADDRESS 30th St. Balto 18. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1-22-1949 | NAME OF CEMETERY OR CREMATORY: Green Mount | LOCATION (City, town, or county) (State): Baltimore - Md.

DATE REC'D BY LOCAL REG. 1/21/49 | REGISTRAR'S SIGNATURE: R. W. Hedrich | 24. FUNERAL DIRECTOR: Stewart & Moore Company ADDRESS: Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0192

592 × ORIGINAL

ORIGINAL

Reg. No. G 119 MAR 21 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 4104 Frederick Avenue

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) CARL	(Last) DYOTT	4. DATE OF DEATH	(Month) January (Day) 13, (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 8-10-1901	9. AGE last birthday 47 yrs.	If under 1 year Months 3 Days 3 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Machine	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Aaron E. Dyott		14. MOTHER'S MAIDEN NAME x Naomi ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Laennec's cirrhosis, undiagnosed — indefinite

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic glomerular nephritis — "

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1949, to Jan. 13, 1949, that I last saw the deceased alive on Jan. 15, 1949, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk, M.D. (Degree or title) — ADDRESS Spring Grove State Hospital Catonsville 28 — DATE SIGNED 1/13/48

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/17/49	NAME OF CEMETERY OR CREMATORY Woodlawn	LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE REC'D BY LOCAL REG. January 15th 49	REGISTRAR'S SIGNATURE A.W. Hedrick	24. FUNERAL DIRECTOR WM. J. TICKNER & SONS	ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 0193

BIRTH NO.

1. NAME OF DECEASED (Type or Print): JOHANNA EDEL

2. DATE OF DEATH: 1-5-49

3. PLACE OF DEATH: A. Baltimore City, Maryland: OPITZ HOME

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EDMONDSON AVE & NUNNERY LANE

C. Length of stay in Baltimore: LIFETIME Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MD
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTO
D. STREET ADDRESS (If rural, give location): 603 LINNARD ST

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW

8. DATE OF BIRTH: 11-24-1867

9. AGE (In years last birthday): 81

If Under 1 Year: Months 1 Days 12

If Under 24 Hours: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): BALTO

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: NOT KNOWN

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: A. JOHNSON ADDRESS: 406 DENNISON ST

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 2 Yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage — 1 Yr

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1947 *to* Jan 5, 1949, *that I last saw the deceased alive on* Jan 5, 1949 *and that death occurred at* 7:15 *m., from the causes and on the date stated above.*

23A. SIGNATURE: L. A. Lally MD M. D.

23B. ADDRESS: 3517 Edmondson Ave

23C. DATE SIGNED: Jan 5 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24B. DATE: 1-8-49

24C. NAME OF CEMETERY OR CREMATORY: LOUDON PARK

24D. LOCATION (City, town or county) (State): BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR: 1/7/49

REGISTRAR'S SIGNATURE: S. W. Hedrick Jm

25. FUNERAL DIRECTOR: Geo. H. Leimbach ADDRESS: 525 N. Lyndhurst St.

VS 150

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0194

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

331
83a

Reg. Dist. No. 38

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Towson
(If outside city or town limits, write RURAL and give town)
(c) Street address, ~~hospital, or institution~~: 6 Linden Terrace
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 25 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Linden Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Marie G. Edel

3 (b) If veteran, name war ✓
3 (c) Social Security No. ✓

4. Sex F
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife J. Geo. Edel
6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) May 28 1874

8. AGE: Years 74 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Balto., Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Chas. H. Gerhold
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Sterger
15. Birthplace Germany

16 (a) Informant J. George Edel
(b) Address 6 Linden Terrace

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan 1949 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Green Mount
Location Balto., Md

18 (a) Funeral director Henry W. Jenkins & Sons
(b) Address 4905 York Rd.

19 (a) 1-14-49 (Date rec'd by registrar) (b) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. Date of death Jan 12th 1949, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1st 1948, to Jan 12th 1949, and that I last saw him alive on Jan 11 1949.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Cerebral Arteriosclerosis	6 months
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Chatard M.D.
M. D. or other
Address 1300 N. Calvert St Balto 2 Md Date signed Jan 14th 49

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J.A.
Dr. Chatard
1302 Calvert St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443

0195

CERTIFICATE OF DEATH 95C

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore Co. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 23 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 17 Frusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 17 Frusting Ave.

3. NAME OF DECEASED (Type or Print): (First) ELLA (Middle) C. (Last) ELLICOTT

4. DATE OF DEATH: (Month) Jan. (Day) 23rd (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 7, 1880
9. AGE last birthday: 68 yrs. If under 1 year: Months 5, Days 16, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Frederick W. Schlene
14. MOTHER'S MAIDEN NAME: Clementine Spilker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Charles S. Ellicott - Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute dilatation of Heart — Interval Between Onset and Death: 4 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerosis -

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1946 to Jan. 23 1949, that I last saw the deceased alive on Jan. 23, 1949, and that death occurred at 1.45 A. m., from the causes and on the date stated above.

SIGNATURE: T. M. Fleming M.D. (Degree or title) ADDRESS: Catonsville - 28. Md. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Jan. 25/49
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 1-24-49
REGISTRAR'S SIGNATURE: W. E. Harry
24. FUNERAL DIRECTOR: Easton Sons - Catonsville Md. ADDRESS:

VS. A15

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

0196

CERTIFICATE OF DEATH 940

Reg. Dist. No. 40

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard, Md.
LENGTH OF STAY (In this place): 41 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAH, Fort Howard, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 1507 Snyder Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES N. (Middle) (Last) ESER

4. DATE OF DEATH: (Month) Jan. (Day) 13, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 1-21-89

9. AGE last birthday: 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Eser

14. MOTHER'S MAIDEN NAME: Theresa Grimm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 218-09-8604

17. INFORMANT: Clin. Records, VAH, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Arteriosclerosis with occlusion — Interval between onset and death: Unknown

Antecedent cause(s) Infarct left ventricle due to (1) — 4 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3-, 1948, to 1-13-, 1949, that I last saw the deceased alive on 1-13-, 1949, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

SIGNATURE: W. H. Heath, M.D. (Degree or title)

ADDRESS: VAH. FORT HOWARD, MD.

DATE SIGNED: 1-13-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 1/17/49

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 1-14-49

REGISTRAR'S SIGNATURE: A. W. Hedrich

24. FUNERAL DIRECTOR: Henry Sander & Sons, Inc.

ADDRESS: Balto., Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420.2 / 94b

Registered No. 30 0197

1. PLACE OF DEATH:

(a) Baltimore ~~City~~ Co., Maryland Catonsville

(b) Street address 415 Academy Rd.

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 7 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 415 Academy Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME N. Ruth Evans

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife J. Albert Evans

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr) Oct. 10, 1891

8. AGE: Years 57 Months 2 Days If less than one day hr. min.

9. Birthplace Binghampton, N. Y. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER

12. Name Lincolm Slocum

13. Birthplace Binghampton, N.Y.

MOTHER

14. Maiden Name Clara Fowler

15. Birthplace Syracuse, N.Y.

16 (a) Informant J. Albert Evans

(b) Address 415 Academy Rd. Catons., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1948 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore

18 (a) Funeral director Fred. A. Cole

(b) Address 1700 W. Lombard St.

19 (a) 1/5 (Date rec'd by registrar) (b) X9 F. W. Hedrick Jan. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3rd 1949, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/21 1947, to Jan 3 1949, and that I last saw her alive on Dec 29 1948

Immediate cause of death Angina pectoris

Due to arterio sclerosis and hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 2 mos. years.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jno A. Luetscher M. D.

Address 12 Grager St. Date signed Jan 4/49

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EVIDENCE FOR CORRECTION OF BIRTH DATE IS ON:

FILM No. G 118 JAN 27 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

422.1 / 61

0198

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 37 Dundalk Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 37 Dundalk Ave COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 37 Dundalk

3. NAME OF DECEASED (Type or Print) (First) Neva (Middle) Jane (Last) Fendlay
4. DATE OF DEATH (Month) Jan. (Day) 18 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Mar 13 1881
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alfred Cadman
14. MOTHER'S MAIDEN NAME Ella Dawes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Electa Hailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) A-S-C-V. Disease — 10 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1947, to JAN. 18, 1949, that I last saw the deceased alive on JAN. 17, 1949, and that death occurred at 9:00 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. B. Davis MD 31 Kinship Court Dundalk-22 1/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 20/49
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Balto Co Md

DATE REC'D BY LOCAL REG. 1/19/49
REGISTRAR'S SIGNATURE H. W. Hedrick Dm
24. FUNERAL DIRECTOR Ulrich Funeral Home ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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0199

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

422.2
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
6039 Gwynn Oak Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Woodlawn
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 6039 Gwynn Oak Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Sheridan Archie Fogle

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Lillie May Fogle

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 21, 1869

8. AGE:

Years	Months	Days	If less than one day
79	11	23	..... hrs. ..... min.

9. Birthplace: Frederick County, Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Railway Mail Service

FATHER
12. Name: Martin Luther Fogle
13. Birthplace: Carroll County, Md.

MOTHER
14. Maiden name: Elizabeth Jane Appold
15. Birthplace: Frederick County, Md.

16. Informant: Mrs. Pauline Carter
Address: 6039 Gwynn Oak Ave., Woodlawn, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 17, 1949 (month) (day) (year)

Cemetery or crematory: Mt. Tabor Cemetery

Location: Rocky Ridge, Frederick Co., Md.

18. Funeral director: Hillis Lamoreau

Address: 4510 Liberty Heights Ave.

19. January 15th 1949 (Date rec'd by registrar) A.W. Kedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 13 1949, at 10.30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1948, to Jan. 13, 1949 and that I last saw him alive on Jan. 13, 1949

Immediate cause of death	DURATION
Chronic myocarditis	Over a year.
Due to ✓	
Due to ✓	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op. ✓

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE: Frank N. Ogden. M. D. or other

Address: 2701 N. Calvert St. Date signed: Jan. 14, '49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

0201

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Baltimore

City or town Essex
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Essex
(If outside city or town limits, write RURAL and give nearest town)

Street No. 7824 Eastern Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Michael Frank

3. (b) Social Security Number 216-09-4997

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Frances Frank

6.(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) December 31 1898

8. AGE: Years	Months	Days	If less than one day
50			hrs. min.

9. Birthplace Pittsburgh, Pa.
(Town, county, and state)

10. Usual occupation

11. Industry or business American Smelting Ref.,

FATHER
12. Name Daniel Frank
13. Birthplace ?

MOTHER
14. Maiden name Marie ?
15. Birthplace ?

16. Informant Mrs. Frances Frank

Address 7824 Eastern Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-31-49 (month) (day) (year)

Cemetery ~~or crematory~~ St. Stanislaus

Location Baltimore, Md.

18. Funeral director George A Weber

Address 705 South Ann Street

19. January 29th 1949 A.W. A.W. Hedrich
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 28th 1949, at 5-05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...

and that I last saw h ..... alive on ..... 19...

Immediate cause of death	DURATION
Coronary Occlusion	—
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M Boaus M.D. M. D. or other

Address Dr. Mel. Eamin, Bait Co. Dr. Date signed 1/28/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

STATE OF MARYLAND—CERTIFICATE OF DEATH

0200 44

420.1 94a

1. PLACE OF DEATH

County Baltimore ~~Co~~ 6 Registration Dist. No.

Village or City Rosedale No. 8031 Old Philadelphia Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Rose Fuka

(a) Residence: No. 8031 Old Philadelphia St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Wht

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Fuka

6. DATE OF BIRTH (month, day, and year): July 10, 1868

7. AGE: Years 80 | Months 6 | Days 1 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Frank Sedlacek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Charles Kvarska 8031 Old Philadelphia

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Jan 14, 1949

19. UNDERTAKER (Address): Frank Crackson 900 W. Chester St

20. FILED: Jan 13, 1949 A. W. Hedrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 11 (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1948, to Jan 11, 1948

I last saw her alive on Jan 11, 1948; death is said to have occurred on the date stated above, at 11 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis, with myocardial infarction + pulmonary edema	1 hour
Other Contributory Causes of Importance: General arteriosclerosis	20 yrs

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) M R Fuller M. D.

(Address) Ridge Rd, Baltimore 6 Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M

VS A15 9-45-15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0202

422.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Parkville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 months

Hospital, institution, or street address where death occurred: 2622 Windsor Road

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Parkville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4622 Windsor Road
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Marcus W. Funkhouser

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Georgia Lusby Upp

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 28, 1867

8. AGE: Years	Months	Days	If less than one day
81	3	12	..... hrs. ..... min.

9. Birthplace: Harrisburg, Va.
(Town, county, and state)

10. Usual occupation: Barber -- retired

11. Industry or business:

FATHER
12. Name: UNKNOWN
13. Birthplace: "

MOTHER
14. Maiden name: "
15. Birthplace: "

16. Informant: Mrs. Georgia Upp Funkhouser
Address: 2622 Windsor Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/12/49 (month) (day) (year)

Cemetery ~~or crematory~~: Druid Ridge

Location: Pikesville, Md.

18. Funeral director: John O. Mitchell & Sons, Inc.
Address: 1900 Eutaw Place, Baltimore, Md.

19. 1/11 1949 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 9, 1949 at 9 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1-47 19 to Jan 11/49 19

and that I last saw him alive on Jan 9/49 19

Immediate cause of death: Chronic Myocarditis, Arteriosclerosis

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: Years

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: S. R. Houck M.D. M. D. or other

Address: Appleton & North Aves. Baltimore, Md. Date signed: Jan 11/49.

Dr. Houck

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 4514 0203

CERTIFICATE OF DEATH 92d Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1229 Stevens Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1229 Stevens Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LAWYER	ALEXANDER	GRIM, Jr.	Jan.	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Dec. 26, 1919	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fleet Manager	City Express	Linthicum Heights, Md.	USA

13. FATHER'S NAME: Lawyer A. Grim, Sr.
14. MOTHER'S MAIDEN NAME: Mary L. Wehstedt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Arbutus, Md. Mrs. L. A. Grim, Jr., 1229 Stevens Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c) Valvular heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. McKieffer	M.D. Dep. Med. Exam. Balto. Co.	1010 Leeds ave	1-9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/13/49	Loudon Park Cem.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 10 49	Geo. McKieffer	WM. J. TICKNER & SONS	Balto., Md.

RECEIVED
JAN 13 1949
BUREAU V. S.

0204

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

002 13b BC

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 5 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 125 Cheapside Street

3. NAME OF DECEASED (Type or Print)	(First) CURTIS	(Middle) B.	(Last) GRIMES	4. DATE OF DEATH	(Month) JAN.	(Day) 30,	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH 11-19-97	9. AGE last birthday 51 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Alfred N. Grimes	14. MOTHER'S MAIDEN NAME Mary V. Baldwin						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY NO. 577-20-4765	17. INFORMANT Clin.Records, Vets. Adm. Hosp.,Ft.Howard,Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 8 Yrs. plus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-, 1949, to 1-30, 1949, that I last saw the deceased alive on 1-30-, 1949, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Chief Pro. Services	VAH, Ft. Howard, Md.	2-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/3/49	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 2/2/49	REGISTRAR'S SIGNATURE A. W. Hedrick	24. FUNERAL DIRECTOR Howard Blight, 6009 Harford Rd., Balto., Md.	ADDRESS

Howard N. Blight, Jr. 6009 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Kieffer 1010 Leeds Ave

0205

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1

CERTIFICATE OF DEATH

93d

Reg. Dist. No. 42

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location): 110 Clyde Ave.

3. NAME OF DECEASED (Type or Print): (First) CHRISTINA (Middle) G. (Last) GURNEY

4. DATE OF DEATH: (Month) Jan. (Day) 13, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	July 31, 1866	82 yrs.	5	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John White	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		None	Mrs Charles Ruhl

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) (b) Cardio vascular disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5-30 P m., from the causes and on the date stated above.

SIGNATURE: Geo J McKieffer (Degree or title) Mpl Deputied Exam Balto Co — ADDRESS: 1010 Leeds Ave — DATE SIGNED: Jany 1549

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/17/49	Cedar Hill	Brooklyn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Jany 1549	Geo J McKieffer	William Cook, Inc, 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

[redacted] 0206 [redacted]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.0

CERTIFICATE OF DEATH

124a

Reg. Dist. No. 38

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 12 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Ridgely	(Last) Hamilton	4. DATE OF DEATH	(Month) January	(Day) 6	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 11-9-76	9. AGE last birthday 72 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME George Hamilton	14. MOTHER'S MAIDEN NAME Elizabeth Collins						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hospital records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Laennec's cirrhosis, undiagnosed	1 year
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	indefinite
	(c) Generalized arteriosclerosis	"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive cardiovascular disease	"

19a. DATE OF OPERATION 9-23-48	19b. MAJOR FINDINGS OF OPERATION ascitic fluid	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-28-36, 19....., to 1-6-49, 19....., that I last saw the deceased alive on 1-8-49, 19....., and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Henry G. A. Mead, M.D.	Catonsville-28, Maryland	1-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 8 1949	NAME OF CEMETERY OR CREMATORY St. Joseph's	LOCATION (City, town, or county) (State) Texas
DATE REC'D BY LOCAL REG. 1-97-49	REGISTRAR'S SIGNATURE W. CARROLL VAN HORN	24. FUNERAL DIRECTOR JOHN BURNS SONS	ADDRESS Towson Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
FEB 9 1949
RECEIVED
FEB 9 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0207

151

CERTIFICATE OF DEATH 46-15

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: BALTIMORE; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK; LENGTH OF STAY (In this place):	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK; STREET ADDRESS (If rural give location): 6721 PINE AVE.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6721 PINE AVE	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HELEN	M.	HAMMEL	JAN.	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	MARRIED	MAY 6, 1894	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE		BALTO. CO. MD.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB STORCK	ELIZABETH SHREEFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	—	JOSEPH M. HAMMEL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchio-Pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal Obstruction	7 days
	(c) Carcinoma of Stomach	8 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 1, 1949, to Dec. 15, 1949, that I last saw the deceased alive on Dec. 15, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E R Evans	M.D.	DUNDALK 22 MD	1-17-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/18/49	HOLY REDEEMER	BALTIMORE, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 17-1949	N. M. Gilly Jr.	Roland L. Fisher	2112 DUNDALK AVE.

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1 / 93d

0208

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 6 m. 28 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural give location) Seton Inst. 719 E. 22nd St. ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) HANLY (Last)

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 9-30-1872

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Hanly

14. MOTHER'S MAIDEN NAME: Catherine Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal pneumonia	one day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic c. v. disease	indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 22, 1948, to Jan. 19, 1949, that I last saw the deceased alive on Jan. 19, 1949, and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Abraham M. Schneidmuhl, M. D. Spring Grove Hospital, Catonsville Jan, 19, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan.22,1949 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Edmondson Ave Balto:Md.

DATE REC'D BY LOCAL REG. 1/20/49 | REGISTRAR'S SIGNATURE A. W. Reduc DM

21. FUNERAL DIRECTOR ADDRESS: George J.Ruth,Inc.1735 Harford Avenue

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

0209

571.1

120a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (In this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAH, Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 613 E. Balto., St.,

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) E. (Last) Hastie

4. DATE OF DEATH: (Month) Jan. (Day) 17, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3-10-1882

9. AGE last birthday: 66 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Pittston, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Clin. Records, Vets. Adm. Hosp., Ft. Howard Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition; Hemorrhagic acute Superficial Colitis — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible] to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and death occurred at 12:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. R. Davis M.D. Dep. Med. Exam. Balto Co. Dundalk Md. 1/17/49

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — DATE: 1/18/49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): PITTSTON, PA (WM. E. SNOWDEN)

DATE REC'D BY LOCAL REG. 1/18/49 — REGISTRAR'S SIGNATURE: H. W. Riedel Dep.

24. FUNERAL DIRECTOR: Howard N. Blight — ADDRESS: 6009 Harford Road

0210

480
33 b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Baltimore

City or town Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred: 109 Center St

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)

Street No. 109 Center St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Hazel Pope Heggins

3. (b) Social Security Number

4. Sex F

5. Color or race N

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Presker Heggins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1916

8. AGE: Years 32 Months 10 Days 27 If less than one day ..... hrs. ..... min.

9. Birthplace Spring Hope, N.C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Herbert Pope
13. Birthplace —

MOTHER
14. Maiden name Neppie Pope
15. Birthplace Spring Hope, N.C.

16. Informant Mrs. Neppie Scarbough (Mother)

Address 117 Carver Rd

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 12-7-49
(month) (day) (year)

Cemetery or crematory Arbutus Mem. Pk.

Location Arbutus, Md.

18. Funeral director Charles R. Law

Address 802 Madison Avenue

19. 1/5 1949 S. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1949 at 9 10/A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10, 1948, to January 4, 1949 and that I last saw her alive on January 4, 1949

Immediate cause of death Broncho-pneumonia Influenza

DURATION 5 days 30 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Willis C. Gale, M.D.
M. D. or other

Address 140 Oak Ave Date signed 1-7-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Bc. 200.1 552 0211

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since November 13, 1942

Hospital, institution, or street address where death occurred:
Spring Grove State Hospital

How long in hospital or institution? since November 13, 1942

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 2118 Walbrook Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: HERR, Louis J.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: Margaret Herr nee Ball

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): June 16, 1876

8. AGE: Years	Months	Days	If less than one day
72	6	16	...hrs. ...min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Street cleaner (retired)

11. Industry or business:

FATHER — 12. Name: Leopold Herr

13. Birthplace: Germany

MOTHER — 14. Maiden name: Anna ?

15. Birthplace: Germany

16. Informant: Hospital Records

Address: Spring Grove Hospital, Catonsville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/4/49 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Balto., Md.

18 Funeral director: WM. J. TICKNER & SONS

Address: Balto., Md.

19. 1/3 (Date rec'd by registrar) 19 49 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 1. 1949. 19 ..., at 9:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 13 1942 to Jan. 1 1949 and that I last saw him alive on Jan. 1. 1949 19 ...

Immediate cause of death	DURATION
Terminal pneumonia	3 days
Due to: Lymphosarcoma	indef
Arteriosclerotic c.v.r. disease	indef
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Abraham M. Schneidmuhl, M.D.

Abraham M. Schneidmuhl, M.D. or other

Address: Spring Grove Hospital Date signed: 1/1/1949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Bc 490 108 0212

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore

City or town: Fort Howard (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 minutes

Hospital, institution, or street address where death occurred: Vet. Adm. Hosp., Fort Howard, Maryland

How long in hospital or institution? 10 minutes

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.: 1120 Mosher Street (If rural, give LOCATION)

2.(a) If veteran, name war: WW II

3. (a) FULL NAME: JOHN R. HICKS

3. (b) Social Security Number: Unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Mrs. Willie May Hicks

6.(c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): May 15, 1905

8. AGE: Years	Months	Days	If less than one day
43	7	18	hrs. min.

9. Birthplace: Warfield, Virginia (Town, county, and state)

10. Usual occupation: Factory-Worker

11. Industry or business:

FATHER: 12. Name: William Hicks; 13. Birthplace: Brunswick, Virginia

MOTHER: 14. Maiden name: Sally Wilkins; 15. Birthplace: Brunswick, Virginia

16. Informant: Clinical Records, Vet. Adm. Hospital

Address: Fort Howard, Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Jan. 3, 1949 (month) (day) (year)

Cemetery or crematory: Mt. Pleasant Cemetery

Location: Brunswick Co., Virginia

18. Funeral director: Charles R. Law

Address: 802 Madison Ave., Baltimore, Md.

19. Jan. 3 - 1949 (Date rec'd by registrar) Dawson L. Harber, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2 1949 at 1:55P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1949 to January 2 1949 and that I last saw him alive on January 2 1949

Immediate cause of death	DURATION
LOBAR PNEUMONIA	2 days
Due to: Pneumococcus	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.:

Autopsy results: Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. McCormick M.D. Deputy Medical Examiner, M.D. or other

Address: Balto Co. Dundalk Md. Date signed: 1/3/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1949
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0213

422.1
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Balto Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~ 19 Sparrows Pt.
STREET ADDRESS (If rural give location) 2856 Lodge Farm Rd.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) HISLEY

4. DATE OF DEATH (Month) Jan (Day) 17 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 11, 1868
9. AGE last birthday 80-8-6 yrs. If under 1 year Months 7 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alexander Roberts
14. MOTHER'S MAIDEN NAME Mary Ellen Monroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Hissey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) cardio-respiratory failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio clerotic cardiovasc disease — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1948, to Jan, 1949, that I last saw the deceased alive on Jan 15, 1949, and that death occurred at 1:15 A m., from the causes and on the date stated above.

SIGNATURE Roger G. Hendsey (Degree or title) MD ADDRESS 520 D Street DATE SIGNED 1/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 20/49
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 1/18/49
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Philip S. Herwig Sons ADDRESS 2024 Orleans St

1949 8 13
80 - 2 - 17
1868 - 8 - 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1214 CODEX 13 44

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Maryland
LENGTH OF STAY (in this place) 46 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY a. a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) Box 53 Cedar Hill Lane ✓

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) C. (Last) HOWARD

4. DATE OF DEATH: (Month) January (Day) 12, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3/17/88

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Custodial Serv.

11. BIRTHPLACE (State or foreign country): Anne Arundel Co. Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George Howard

14. MOTHER'S MAIDEN NAME: Sarah Swennigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: VAH. Clinical Records, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval between onset and death: 2-1/2 Yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26- 1948, to 1-12- 1949, that I last saw the deceased alive on 1-12- 1949, and that death occurred at 10:05 P m., from the causes and on the date stated above.

SIGNATURE W.H. HEATH, M.D. (Degree or title) ADDRESS VAH, Fort Howard, Md. DATE SIGNED 1-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 1-13-49 NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 1-14-49 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS James A. Hayes, 142 W. Hill St., Balto., Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

0215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hospital, Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 823 Mapleton Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W (Last) HUGHES

4. DATE OF DEATH: (Month) Jan. (Day) 18, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-25-94

9. AGE last birthday: 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cannery Operator

10b. KIND OF BUSINESS OR INDUSTRY: Cannery

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Hughes

14. MOTHER'S MAIDEN NAME: Mary (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiorespiratory Failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	Unknown
	(c) Ulcer duodenal with pyloric obstruction	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pulmonary Emphysema	Unknown

19a. DATE OF OPERATION: 1-15-49

19b. MAJOR FINDINGS OF OPERATION: Confirm Clinical

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-, 1949, to 1-18-, 1949, that I last saw the deceased alive on 1-18-, 1949, and that death occurred at 10:35 A.m., from the causes and on the date stated above.

SIGNATURE: H.C. Manaugh H.C. MANAUGH, M.D. (Degree or title): Chief Pro. Ser. ADDRESS: VAH, Ft. Howard, Md. DATE SIGNED: 1-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 1-18-49 NAME OF CEMETERY OR CREMATORY: Oak Lawn LOCATION (City, town, or county) Columbia (State) MD

DATE REC'D BY LOCAL REG.: 1/19/49 REGISTRAR'S SIGNATURE: A.W. Hedrick Dr.

24. FUNERAL DIRECTOR: Wm. Cook, Inc. ADDRESS: St. Paul & Preston Sts. Baltimore, Maryland

0216

(1949 Revision of Standard Certificate)

CERTIFICATE OF DEATH

Form approved. Budget Bureau No. 68-R375.

BC 450.0 97

BIRTH NO. STATE OF STATE FILE NO.

M

1. PLACE OF DEATH
a. COUNTY: Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gundrys-Harlem Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Md.
b. COUNTY: Balto City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
d. STREET ADDRESS (If rural, give location): 404 Cedarcroft Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): HARRY ELVERTON HUGHES

4. DATE OF DEATH (Month) (Day) (Year): Jan - 9 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov-23-1868
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY: Mortuary
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: William H. Hughes
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: H.E. HUGHES - (before his death)

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis, Generalized — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial failure — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

I

22. *I hereby certify that I attended the deceased from* 12/19, 1948, *to* 1/9, 1949, *that I last saw the deceased alive on* 1/8, 1949, *and that death occurred at* 8:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.R. Williamson II M.D.
23b. ADDRESS: 332 Frederick Ave
23c. DATE SIGNED: 1/10/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan/11/49.
24c. NAME OF CEMETERY OR CREMATORY: Green Mount
24d. LOCATION (City, town, or county) (State): Balto. Md.

T

DATE REC'D BY LOCAL REG.: 1-10-49
REGISTRAR'S SIGNATURE: A. C. Hedrick
25. FUNERAL DIRECTOR: Stewart & Morren Co. — **ADDRESS**: 108 W North Balto Md

PHS-798(VS) REV. 4-48 FEDERAL SECURITY AGENCY PUBLIC HEALTH SERVICE U. S. GOVERNMENT PRINTING OFFICE 16—55457-2

STATE OF MARYLAND—CERTIFICATE OF DEATH

0217

420.1
932

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Parkville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J. Hutson If U. S. Veteran, specify WAR

(a) Residence: No. Ridgely Ave. & Joppa Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine I. Hutson

6. DATE OF BIRTH (month, day, and year) December 16 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George W. Hutson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Katherine I. Hutson (Address) Ridgely Ave & Joppa Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Forest Lawn Cem. Date Jan 25, 1949

19. UNDERTAKER John C. Miller Inc (Address) 2435 E. Oliver St

20. FILED 1-24-49 a.w. Hedrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 21 1949 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1949, to Jan 20, 1949

I last saw him alive on Jan. 21, 1949; death is said to have occurred on the date stated above, at 8.30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary insufficiency	2
Hypertensive cardio-vascular disease, due to arteriosclerosis	
Other **Contributory Causes** of importance:	

Name of operation Data of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Reuben Skloven M. D.

(Address) 7122 Harford Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

491 107 0218

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Balto

City or town: Granite
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Old Court Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Granite
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Old Court Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Claudette Maria Jackson

3. (b) Social Security Number

4. Sex: F

5. Color or race: Col

6.(a) Single, married, widowed, or divorced: single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Nov. 19. 1948

8. AGE: Years | Months: 1 | Days: 14 | If less than one day ... hrs. ... min.

9. Birthplace: Balto Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: John P Jackson
13. Birthplace: Balto Co Md

MOTHER
14. Maiden name: Catherine Simpson
15. Birthplace: Granite Md

16. Informant: Katie Hodge
Address: Granite Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-3-1949 (month) (day) (year)

Cemetery or crematory: St. Alphonsus

Location: Woodstock, Md.

18. Funeral director: F. C. Higinbothom

Address: Ellicott City, Md.

19. 1/3/ 1948 (Date rec'd by registrar) Wm. E. Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 1 1949 at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ..., to ... 19 ...

and that I last saw h... alive on ... 19 ...

Immediate cause of death: Cardiac failure

Due to:

Due to: Pneumonia Bronchi

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Geo W Kieffer Dep Med Exam Balto Co
M. D. or other

Address: 1010 Leed ave Date signed: Jany 1-48

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF BIRTH DATE + AGE IS ON:

FILM No. G 118 FEB -3 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

442
93 2

0220

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: House in the Pines - Balto Co

County: House in the Pines

City or town: Catonsville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Three months

Hospital, institution, or street address where death occurred: House in the Pines

How long in hospital or institution? 3 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto Co

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 16 Fusting Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Henry C. Jacobs

3.(b) Social Security Number B & O — Retired

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife: Linnie E. Jacobs

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 8 — ~~1862~~ 1864

8. AGE: Years 84 ~~85~~ | Months 9 | Days 15 | If less than one day ..... hrs. ..... mio.

9. Birthplace: York Penn
(Town, county, and state)

10. Usual occupation: Retired B & O. R.

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Charles S. Jacobs
Address: 1507 S. Charles St

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Jan 27-49 (month) (day) (year)

Cemetery or crematory: Creagers Town Cem

Location

19. Funeral director: Charles P. Towell
Address: 2427 Edmondson Ave

19. 1-25-49 19
(Date rec'd by registrar)

A. W. Hedrick
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 23 — 1949, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7 1948, to January 23 1949 and that I last saw him alive on January 22 1949.

Immediate cause of death	DURATION
Auricular Fibrillation	1 mo
Due to Chr. Cardio-Vascular-Renal Disease	10 yr
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Wilmer K. Gallager M.D.
M. D. or other

Address: Catonsville 28, Md Date signed 1-24-49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6209 Fredrick Ave

0219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

751
157a

Reg. Dist. No. 42

1. PLACE OF DEATH:

County BALTIMORE

City or town ARBUTUS
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22 DAYS

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MARYLAND County BALTIMORE

City or town ARBUTUS
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5032 ARBUTUS AVE.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME PAUL F. JACOB, JR.

3.(b) Social Security Number NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6.(b) Name of husband or wife NONE

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) DECENBER 31, 1948

8. AGE: Years | Months | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name PAUL F. JACOB, SR.
13. Birthplace BALTIMORE, MD

MOTHER
14. Maiden name LORRAINE C. GEORGE
15. Birthplace BALTIMORE, MD.

16. Informant PAUL F. JACOB, SR.
Address 5032 ARBUTUS AVE.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 1/24/49 (month) (day) (year)

Cemetery or crematory MEDOWRIDGE MEMORIAL PK.

Location WASHINGTON BLVD.

18. Funeral director Joseph T. Ambrose, Jr.
Address 1328 Sulphur Spring Rd.

19. 1-24-49 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 Jan 1949 at 6 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 31 Dec 1948 to 21 Jan 1949 and that I last saw him alive on 21 Jan 1949

Immediate cause of death	DURATION
Respiratory Failure	24 hr
Due to Spina Bifida	21 d
Hydrocephalus	21 d
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ramon R. Thomas M. D. or other

Address 4207 Frederick Ave Date signed 23 Jan 49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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C

Lloyd Johnson
610 Frederick Road

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.2 92c

0221

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Catonsville, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 44 Bloomsbury Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charles Jones

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6.(b) Name of husband or wife Ida L. Jones
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1867

8. AGE: Years	Months	Days	If less than one day
81			..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Mechanic
11. Industry or business Own Business
FATHER 12. Name John L. Jones
13. Birthplace Maryland
MOTHER 14. Maiden name Eliza A. Jones
15. Birthplace Maryland
16. Informant Mrs. Helen E. Reinhardt
Address 44 Bloomsbury Ave.
17. Cremation (Burial, Cremation, or Removal. Which?) Date thereof Jan 15/49 (month) (day) (year)
Cemetery or crematory Loudon Park
Location Frederick Road
18. Funeral director Eustace E. Donovan
Address 3638 Roland Ave. Balto Md
19. 1-14 1949 (Date rec'd by registrar) W.E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14, 1949 at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 10, 1948 to Jan. 14, 1948
and that I last saw him alive on Jan. 10, 1948

Immediate cause of death	DURATION
Myocarditis, Chr.	2 yrs
Due to Senility	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE J. Lloyd Johnson M. D. or other
Address Catonsville Date signed 1/14/49

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

VS A15

RECEIVED
JAN 15 1949
BUREAU V. S.

0222

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

002 13 b

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Park — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyde Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Golena Rd	STREET ADDRESS (If rural, give location) Kent & Golena Rd

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Thomas (Last) Keilholtz

4. DATE OF DEATH (Month) Jan. (Day) 21st (Year) 1949

5. SEX M

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Apr. 12-1887

9. AGE last birthday 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Balto., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Keilholtz

14. MOTHER'S MAIDEN NAME Margaret (unk.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY No. 217-09-7585

17. INFORMANT Mrs. Annie Keilholtz (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Failure	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Extreme Cachexia	2 mo.
	(c) Pulmonary Tuberculosis	1 yr (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1948, to Jan 21, 1949, that I last saw the deceased alive on Jan 17, 1949, and that death occurred at 5.50A m., from the causes and on the date stated above.

SIGNATURE Joseph Mich (Degree or title) M D — ADDRESS 422 Eastern Ave — DATE SIGNED Jan 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 1/24/49 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REG. 1/24/49 — REGISTRAR'S SIGNATURE John G. Connelly — 24. FUNERAL DIRECTOR John G. Connelly — ADDRESS 418 Eastern Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
JAN 24 1949
BUREAU V. S

Dr. Grott

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1
93d

0223

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2803 Aldan Road	STREET ADDRESS (If rural, give location): 2803 Alden Road

3. NAME OF DECEASED (Type or Print): (First) Jennie E. (Middle) Kellenbeck (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 19, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	June 13, 1872	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Ewart	Cecelia Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Mrs. C. Flater, 2803 Alden Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	immediate
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic cardiovascular dis.	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1944, to Jan. 19, 1949, that I last saw the deceased alive on Jan. 6, 1949, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold A. Grott, M.D.		8100 Harford Rd.	1/20/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-22-49	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/20/49	H.W. Hedrick Dm	Leonard J. Ruck,	5305 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0224

331

83 P

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Paeto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) F. (Last) Kellenberger

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1949

5. SEX: F | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: 9-26-59 | 9. AGE last birthday: 89 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Paeto. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank A Martin | 14. MOTHER'S MAIDEN NAME: Catherine Rodawed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Daughter: Mrs C M Fleet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1948, to 1-13, 1949, that I last saw the deceased alive on 1-13, 1949 and that death occurred at 140 P m., from the causes and on the date stated above.

SIGNATURE: James Stowell | (Degree or title): MD | ADDRESS: Catonsville | DATE SIGNED: 1-13-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 1-17-49 | NAME OF CEMETERY OR CREMATORY: Glenhaven | LOCATION (City, town, or county) (State): Glen Burnie

DATE REC'D BY LOCAL REG. 1-13-49 | REGISTRAR'S SIGNATURE: V E Harry | 24. FUNERAL DIRECTOR: Thomas W. Singleton | ADDRESS: Glen Burnie, Md.

(R V S)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1949
BUREAU V. S.

0225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8125
170c

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural give location) Ritters Lane

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Lee (Last) Kessler

4. DATE OF DEATH (Month) Jan (Day) 21 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov 29, 1900.
9. AGE last birthday 48 yrs. If under 1 year Months 1 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY W. S. Army
11. BIRTHPLACE (State or foreign country) Jefferson, Frederick Co. Md
12. CITIZEN OF WHAT COUNTRY? W.S.A.

13. FATHER'S NAME Wm Kessler
14. MOTHER'S MAIDEN NAME Alberta Castle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If year, give war or dates of service) 28 yrs.
16. SOCIAL SECURITY NO. none.
17. INFORMANT (Son) Gilbert Kessler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Fractured Skull	5 min.
Antecedent cause(s)		Compound Fractures of rt. & left legs.	5 min.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Fracture of Rt Femur.	5 min
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Reis Rd
(CITY OR TOWN) (COUNTY) (STATE) Owings Mills, Balto., Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-21-'49 6:30P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Struck by car while crossing Reisterstown Road [3/11/49-AMS]

22. I hereby certify that I attended the deceased from 1-21-'49, to 1-21-, 1949, that I last saw the deceased alive on not seen alive, 19, and that death occurred at 6:30P. m., from the causes and on the date stated above.

SIGNATURE D. D. Caples M. D. med Exam. (Degree or title) ADDRESS 6 Hanover Road, Reisterstown, Md. DATE SIGNED Jan. 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Entombment
DATE 1-25-49
NAME OF CEMETERY OR CREMATORY Green Mount Mausoleum
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 1-26-49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0226

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

154
46d

Reg. Dist. No. 44

1. PLACE OF DEATH:

County BALTO

City or town MIDDLE RIVER
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 YRS

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MD County BALTO

City or town MIDDLE RIVER
(If outside city or town limits, write RURAL and give nearest town)

Street No. 48 DARKHEAD Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME CHARLES KNAPP.

3. (b) Social Security Number

4. Sex M.

5. Color or race W.

6.(a) Single, married, widowed, or divorced MARRIED

6.(b) Name ~~of husband or~~ wife DORA

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) MARCH 5 1889

8. AGE: Years 59 | Months 9 | Days 21 | If less than one day ..... hrs. ..... min.

9. Birthplace BALTO
(Town, county, and state)

10. Usual occupation MACHINIST

11. Industry or business UNITED RAILWAY

FATHER
12. Name HENRY KNAPP
13. Birthplace BALTO MD.

MOTHER
14. Maiden name NOT KNOWN
15. Birthplace BALTO MD.

16. Informant MRS DORA KNAPP
Address 48 DARKHEAD Rd

17. BURIAL Date thereof 1-29.49
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory LOUDON PARK.

Location FREDERICK AVE

18. Funeral director GEO. H. LEIMBACH

Address 525 N. LYNDHURST St

19. 1-27-49 19 A. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 26, 1949, at 8.40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-1-48 19 , to 1-26 1949 and that I last saw h. 1 m alive on 1-26- 1949

Immediate cause of death Adeno-carcinoma of Rectum.

DURATION 3 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Tumor of rectum

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Maxwell H Mund
M. D. or other

Address 417 1/2 Eastern Ave Date signed 1-27-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

0227

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Balto · annexlie

City or town: 628 Overbrook Road
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: Balto Co
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 628 Overbrook Road
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: William P Koerber

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Bertha Orh

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 26 1894

8. AGE: Years: 54 Months: 10 Days: 12 If less than one day ..... hrs. ..... min.

9. Birthplace: Balto
(Town, county, and state)

10. Usual occupation: Wire Chief

11. Industry or business: Telephone Co

FATHER
12. Name: Philip Koerber
13. Birthplace: Md

MOTHER
14. Maiden name: Amelia Schmidt
15. Birthplace: Md

16. Informant: Mrs Bertha Koerber
Address: 628 Overbrook Road

17. Burial
(Burial, cremation, or removal, which?)
Date thereof: Jan 11 1949
(month) (day) (year)

Cemetery or crematory: Park Wood Cem

Location: Rural

18. Funeral director: Ulrich Funeral Home
Address: 2008 Orleans St

19. January 11 1949
(Date rec'd by registrar)
A. W. Hedrich
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 8 1949, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from only on Jan. 8 1949, to ..... 19.....
and that I last saw him alive on Jan. 8 1949.

Immediate cause of death: Coronary Occlusion — DURATION: 1 min.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

Approved by Dr. Rollin C. Hudson, D.M.E.
606 Balto. Ave. Towson.

23. SIGNATURE: M E Cole
M. D. or other

Address: 6014 York Road Date signed: 1-9-1949.

VS A15 9-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.0 / 93d

0228

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1213 Dundalk Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dundalk
STREET ADDRESS (If rural give location) 1213 Dundalk Avenue

3. NAME OF DECEASED (Type or Print) (First) MATTHEW (Middle) (Last) KOPICKY

4. DATE OF DEATH (Month) January (Day) 6 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Oct 15, 1881
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Poland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Kopicky
14. MOTHER'S MAIDEN NAME Marie Rauf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mrs. Amelia H. Kopicky

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure.	30 days.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	?
	(c) Silicosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1948 to Jan 6, 1949, that I last saw the deceased alive on Jan 5, 1949, and that death occurred at 2 a m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS 520 D St. Sparrows Pt DATE SIGNED Jan 6, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/9/49
NAME OF CEMETERY OR CREMATORY First Evan. Church Cem.
LOCATION (City, town, or county) Dundalk, Md. (State)

DATE REC'D BY LOCAL REG. 1/7/49
REGISTRAR'S SIGNATURE F. W. Hedrick
24. FUNERAL DIRECTOR HENRY SANDER & SONS, Inc. ADDRESS North Ave & Broadway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0229

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

331 / 83a Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Baltimore County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2610 Hillcrest Ave/	STREET ADDRESS (If rural, give location): 2610 Hillcrest Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHN CONRAD LASTNER	4. DATE OF DEATH (Month) (Day) (Year): Jan. 21. 1949 19
5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Jan. 22. 1863 — 9. AGE last birthday: 85 yrs. — If under 1 year: Months 11, Days 29 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: Clerk	11. BIRTHPLACE (State or foreign country): Baltimore Md. — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ? Lastner	14. MOTHER'S MAIDEN NAME: Not Known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): — 16. SOCIAL SECURITY NO.: none	17. INFORMANT: Mrs. Melba Fick 2610 Hillcrest Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage.	4 days.
Antecedent cause(s)		(undetermined number of years)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, severe, generalized	
	(c) Auricular Fibrillation	2 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 July, 1947, to 19 Jan, 1949, that I last saw the deceased alive on 19 Jan, 1949, and that death occurred at Jan 21, 1949 8:45 AM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward L. J. Moly, M.D.		7425 Harford Rd. Baltimore 14, Md	21 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 24. 1949	Oak Lawn Cem.	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/49	A.W. Hedrick Dm	HENRY SANDER & SONS, INC.	Baltimore Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0230

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: West Hills (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: West Hills (If outside city or town limits, write RURAL and give nearest town)

Street No.: 735 Martin Drive (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Emma H. Leeds

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband ~~or wife~~: Harry F. Leeds

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): January 26, 1881

8. AGE:

Years	Months	Days	If less than one day
67	11	21	..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER

12. Name: Adam Huthwelker

13. Birthplace: Germany

MOTHER

14. Maiden name: Josephine Herzog

15. Birthplace: Germany

16. Informant: Mr. John Leeds

Address: 735 Martin Drive

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-19-49 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location: Baltimore, Md.

18. Funeral director: G. Howard Strong

Address: 3207 W. North Ave.,

19. 1/18 (Date rec'd by registrar) 49 A.W. Hedrick Registrar

MEDICAL CERTIFICATION 6.30

20. DATE OF DEATH: January 16, 19 49, at A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOV. 11 19 46, to JAN. 16, 19 49 and that I last saw h.er alive on JAN. 15 19 49

Immediate cause of death	DURATION
Pulmonary edema.	2 days
Due to Congestive heart failure, chronic.	2 yrs.
Due to Hypertension Arteriosclerosis	2 yrs. 2 yrs.
Other conditions Hyperthyroidism	2 yrs.
Intestinal obstruction (Include pregnancy within 3 months of death)	8 days

Major findings of operations: Intestinal obstruction Small bowel Date of op. Sept. 20, 1948

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Gilbert E. Rudman M.D. M. D. or other

Address: 2517 W. Baltimore St. Date signed 1/17/49

0231

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

610
83a

Reg. Dist. No. 32

1. PLACE OF DEATH:

County: AUGSBURG HOME

City or town: PIKESVILLE BALTO CO MD
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? –

Hospital, institution, or street address where death occurred: – CAMPFIELD ROAD

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD County: BALTO

City or town: PIKESVILLE MD
(If outside city or town limits, write RURAL and give nearest town)

Street No.: CAMPFEILD ROAD
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: WILLIAM H. LEMMERT

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

6.(b) Name of husband or wife: ELIZABETH LEMMERT

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): MARCH 25. 1866

8. AGE: Years	Months	Days	If less than one day
82	9	27	..... hrs. ..... min.

9. Birthplace: BALTIMORE MD
(Town, county, and state)

10. Usual occupation: NONE

11. Industry or business

FATHER
12. Name: JOHN G. LEMMERT
13. Birthplace: GERMANY.

MOTHER
14. Maiden name: MARY DAHLMYER
15. Birthplace: GERMANY.

16. Informant: AUGSBURG HOME RECORDS
Address: CAMPFIELD ROAD PIKESVILLE MD

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: Jan 24-49 (month) (day) (year)

Cemetery or crematory: WESTERN CEM

Location: EDMONDSON AVE

18. Funeral director: Mrs Chas A G Rohde
Address: 2327 Edmondson Ave

19. 1-24-1948 (Date rec'd by registrar) A. W. Hedrick JS Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 21st 1949, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5 - 1947, to Jan - 21 1949 and that I last saw h..ing alive on Jan. 20 - 1949

Immediate cause of death	DURATION
1) – Acute urinary Retention with Prostatic	
Due to Hypertrophy	– 5 days
Due to	
Other conditions – Cerebral Hemorrhage	6 months

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Earl L. Chambers M.D.
M. D. or other

Address: 4108 Liberty Hts Date signed: 1/22/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

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0232

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442

CERTIFICATE OF DEATH

131a

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. ~~606 Highland Ave.~~ COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place): 15 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): 606 Highland Ave.

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Guertrude	(Last) Lemmon	4. DATE OF DEATH	(Month) Jan.	(Day) 8	(Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Nov.15,1874	9. AGE last birthday: 74 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S. A				
13. FATHER'S NAME: James T. McGuigan	14. MOTHER'S MAIDEN NAME: Susan Dorsey						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: --	17. INFORMANT: Mrs. Arthur A. Lyness					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Left Ventricular Failure — 60 Hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Renal Disease — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1946, to Jan., 1949, that I last saw the deceased alive on Jan. 8, 1949, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

SIGNATURE: Charles F. O'Donnell (Degree or title) MD — ADDRESS: 7301 York Rd. — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: 1/11/49	NAME OF CEMETERY OR CREMATORY: Cathedral	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 1-10-49	REGISTRAR'S SIGNATURE: A. W. Hedrick Jr.	24. FUNERAL DIRECTOR: C. Vernon Lemmon	ADDRESS: 4611 Park Heights

M

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T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

181
52 b

0233

Reg. Diat. No. 37

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1. PLACE OF DEATH:

County Baltimore

City or town Texas
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr. 1 mo. 2 da

Hospital, Institution, or street address where death occurred:
Baltimore County Home

How long in hospital or institution? 1 yr. 1 mo. 2 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Pikesville
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Charles Liggins

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	

6.(b) Name of husband or wife Mrs Carrie Cupling Liggins

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1875

8. AGE: Years	Months	Days	If less than one day
73	10	15	..... hrs. ..... min.

9. Birthplace Massachusetts
(Town, county, and state)

10. Usual occupation Railroad Laborer

11. Industry or business

FATHER
12. Name Albert Liggins
13. Birthplace Mass.

MOTHER
14. Maiden name Ella - unknown?
15. Birthplace Mass.

16. Informant Mrs Ralph Draut

Address Cedar Lane, Pikesville, Md.

17. Buried Date thereof Jan 7 - 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Asbury

Location Loreley Balto. Co. Md.

18. Funeral director Francis Hamsley

Address 578 W. Biddle St Balto.

19. Jan 4 1949 Wm. J. Lehr Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 4 1949 at 12-15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/2 1947 to 1/4 1949 and that I last saw h. alive on 1/3 1949.

Immediate cause of death	DURATION
a Carcinoma (Bladder)	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma - Entered home Path Op. - Date of op. 1/47

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Wilmer C. Ensor M.D.
M. D. or other

Address Cockeysville Md. Date signed 1/4/49.

RECEIVED
JAN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

442 / 131a

0234

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 16 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) York Rd

3. NAME OF DECEASED (Type or Print) (First) Addie (Middle) (Last) Light

4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 1949

5. SEX F

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Unknown 1845?

9. AGE last birthday 104 + yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Homes

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Mrs. Ella Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-renal vascular disease, chronic	1 yr +
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Senile changes with arteriosclerosis	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT (Specify) SUICIDE — HOMICIDE —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Jan 16, 1949, that I last saw the deceased alive on Jan 16, 1949, and that death occurred at 11 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin C. Hudson MD. ADDRESS DATE SIGNED Jan 17, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 19, 1949
NAME OF CEMETERY OR CREMATORY Basil
LOCATION (City, town, or county) (State) Cockeysville, Md.

DATE REC'D BY LOCAL REG. Jan. 18, 1949
REGISTRAR'S SIGNATURE W Carroll Van Horn Deputy Local Registrar

24. FUNERAL DIRECTOR Landon M Brooks ADDRESS Sparks, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1 / 94a

0235

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7761 North Point Creek Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Sparrows Point 19, Md.
STREET ADDRESS (If rural, give location) 7761 North Point Creek Road

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) (Last) LINDGREN

4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 1949

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 8-2-1882

9. AGE last birthday 66 yrs. If under 1 year: Months 5 Days 19 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY Bethl. Steel Co.

11. BIRTHPLACE (State or foreign country) Finland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5 min

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Um

19b. MAJOR FINDINGS OF OPERATION Um

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 6 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W B Davis MD - Dep. Med. Examiner - Dundalk - 2 & Balto Co Md 1/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Jan. 25, 1949

NAME OF CEMETERY OR CREMATORY Oak Lawn

LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REG. Jan. 24-49

REGISTRAR'S SIGNATURE Dawson L. Farby

24. FUNERAL DIRECTOR Roland L. Fisher, 2112 Dundalk Ave.

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

416/309 0236

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Loch Raven
LENGTH OF STAY (in this place): 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maryland Training School for Boys

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md Training School — COUNTY: Balto
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Towson
STREET ADDRESS (If rural give location): Lock Raven Blvd.

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) James (Last) Link
4. DATE OF DEATH: (Month) Jan (Day) 13 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 10/28/03
9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Watchman
11. BIRTHPLACE (State or foreign country): Balto
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Chas. Link
14. MOTHER'S MAIDEN NAME: Elz. Donahue
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: John Link - Brother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Mitral stenosis with hypertension — Unknown

(c) Chronic heart disease rheumatic — Unknown

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

Latent Syphilis with probable aortitis (St. Joseph Hosp. record 2/20/48) — Unknown

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from none, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Rollin C. Hudson (Degree or title) MD, ADDRESS: D.M.E. — DATE SIGNED: 1/14/49

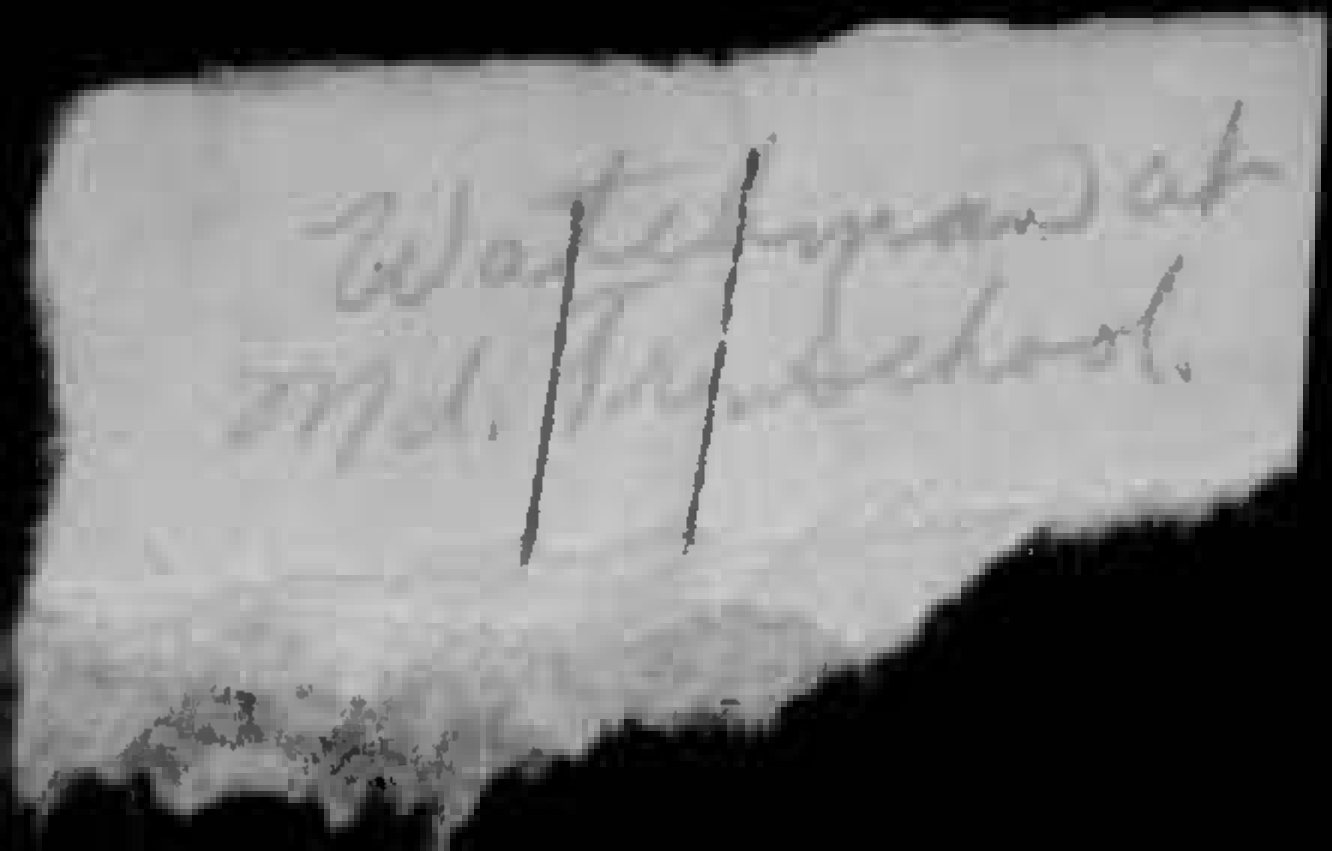
23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ — DATE: 1/18/49 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Frederick Road.

DATE REC'D BY LOCAL REG.: 1/17/49 — REGISTRAR'S SIGNATURE: S.W. Hedrick DM — 24. FUNERAL DIRECTOR: Lilly + Zeiler Jr. — ADDRESS: 407 S. Wolfe St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0237

331
83a

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 712 Milford Mill Rd.	STREET ADDRESS (If rural, give location) 712 Milford Mill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ETHEL	L.	LIPS	Jan.	3	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Feb. 17, 1896	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Balto., Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert McCaulley	Isabella Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	no	Mr. John W. Lips — Pikesville 712 Milford Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage (? Intraventricular)	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension.	6 yrs.
	(c) arteriolo-sclerosis	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 27, 1943., to Jan. 3., 1949, that I last saw the deceased alive on Jan. 3, 1949., and that death occurred at 3:15 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wade B. Carson	M.D.	6 E. Eager St. Balto 2.	1/5/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/6/49	Druid Ridge Cem.	Pikesville Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/6/49	H.W. Hedgich DM	WM. J. TICKNER & SONS	Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

334 83a 0238

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Balto. Co. — 2901 Oath Ave — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemear I9 Md.

LENGTH OF STAY (in this place): 20 Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2901 Oath Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemear Md.

STREET ADDRESS (If rural, give location): 2901 Oath Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Williams	Pat.	Lomax	Jan. 29 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Col.	Married	Jan.5.I896	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pat. Lomax

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Fannie Lomax Fannie

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral apoplexy	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerosis & hypertension	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 18th, 1949, to January 28th 1949, that I last saw the deceased alive on January 29th 1949, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. J. H. Thomas — ADDRESS: 107 N. Main St Dundalk 22, Md. — DATE SIGNED: Feb. 2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb.2.49	Mt.Arburn Cem.	Balto. Md.

DATE REC'D BY LOCAL REG.: 2/2/49

REGISTRAR'S SIGNATURE: A. W. Hedrick D.R.

24. FUNERAL DIRECTOR: Elroy C. Wilson — ADDRESS: 1000 Brantly Ave.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0239

CERTIFICATE OF DEATH

178
51c

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarm Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Francis	(Middle) M.	(Last) Lynch	4. DATE OF DEATH	(Month) Jan. (Day) 21 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 2 1911	9. AGE last birthday 37 yrs.	If under 1 year: Months 3, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clean Hal work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY? U.S		
13. FATHER'S NAME John J. Lynch		14. MOTHER'S MAIDEN NAME Mary Shanahan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. 215-05-6993	17. INFORMANT John J. Lynch		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malignant Teratoma lt. Testicle	11 Mos
Antecedent cause(s)	c metastasis to Abdomen & Lungs	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Struck by ball	15 Mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 1948	19b. MAJOR FINDINGS OF OPERATION Malignant Teratoma	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	(CITY OR TOWN) Glenarm (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) Oct. (Day) (Year) 1947 (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Playing ball

22. I hereby certify that I attended the deceased from Oct 20, 1947, to Jan 21, 1949, that I last saw the deceased alive on Jan. 21, 1949, and that death occurred at 10:05 P. m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifford F. Hudson	MD.	Fork Md.	1/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 24-49	NAME OF CEMETERY OR CREMATORY St Johns	LOCATION (City, town, or county) (State) Longreen Md.
DATE REC'D BY LOCAL REG. Jan 23-49	REGISTRAR'S SIGNATURE ~~G. E. Cutter~~ W M Hammonett	24. FUNERAL DIRECTOR Clarence E. Cutter	ADDRESS Fork Md

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0240

442

131a

Reg. Dist. No. 30

EVIDENCE FOR CHANGE OF AGE IS ON: FILM #G119 - 3-2-49

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No.: 3600 E. Lombard St., (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Charles William Machen

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Elizabeth M. Machen

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 29, 1879

8. AGE: Years	Months	Days	If less than one day
69 ~~68~~	3	17	..... hrs. ..... min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Retired Sheet Metal Worker

11. Industry or business: B.& O. R. R.

FATHER
12. Name: William H. Machen
13. Birthplace: Norfolk, Va.

MOTHER
14. Maiden name: Isabelle Houston
15. Birthplace: Grafton, W. Va.

16. Informant: Mr. Charles J. Machen

Address: 3600 E. Lombard St.,

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1-18-49 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Baltimore, Md.

18. Funeral director: G. Howard Strong

Address: 3207 W. North Ave.,

19. 1/17 (Date rec'd by registrar) 19 49 A.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 15, 1949 at 6.45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2 1949, to Jan 15 1949 and that I last saw h..... alive on Jan 14 1949

Immediate cause of death: Chr Degenerative Cardio-vascular Renal Disease — DURATION: 1 Mon

Due to: Arterio Sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James M Howell M. D. or other

Address: Catonsville Date signed: 1-15

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0241

154
46d

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Baltimore

City or town Rockdale
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
3610 Marriott Lane

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Rockdale
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3610 Marriott Lane
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME
Jacob A. Marriott

3. (b) Social Security Number
216-10-0840

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Nora M. Marriott

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) December 12, 1879

8. AGE:

Years	Months	Days	If less than one day
69	1	11	hrs. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)

10. Usual occupation Assessor

11. Industry or business Baltimore County, Md.

FATHER
12. Name James A. Marriott
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden name Ida V. Saum
15. Birthplace Baltimore County, Md.

16. Informant Mrs. Nora M. Marriott
Address 3610 Marriott Lane, Rockdale

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jan. 26, 1949
(mooth) (day) (year)

Cemetery or crematory Mt. Olive Cemetery

Location Randallstown, Md.

18. Funeral director S. Willis Lamoreau
Address 4510 Liberty Heights Ave.

19. 1-25-49 19
(Date rec'd by registrar)
A. W. Hefrich
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1949 at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1947 to 1-24 1949 and that I last saw him alive on 1-23 1949

Immediate cause of death Carcinomatosis (adenocarcinoma of stomach)

Due to Secondary Anemia

Due to Starvation

Other conditions

(Include pregnancy within 3 months of death)

DURATION Chronic

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos G Abbott M.D.
M. D. or other

Address 4509 Liberty Heights Ave. Date signed 1-24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

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1947-12-19

64-6-6

85 6-13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

443 932 0242

Reg. Dist. No. 34

1. PLACE OF DEATH:

County: Baltimore

City or town: Mt Carmel

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State: Maryland County: Balto

City or town: Mt Carmel

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Barbara Ellen Martin

3.(b) Social Security Number 2

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6.(b) Name of husband or wife: Alexander Martin

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 17-1873

8. AGE: Years: 75 | Months: 9 | Days: 15 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: Jordan Cole

13. Birthplace: Md

MOTHER — 14. Maiden name: Catherine Curtis

15. Birthplace: Md

16. Informant: Mrs Harry Bull

Address: Mt Carmel Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 4/49 (month) (day) (year)

Cemetery or crematory: Black Rock

Location: Baltimore Co Md

18. Funeral director: Edw C Yaton

Address: Hampstead Md

19. 1-2-1949 (Date rec'd by registrar) Mary B. Slavin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 1 1949 at 9:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to Jan. 1 1949 and that I last saw h alive on Dec. 31 1948

Immediate cause of death	DURATION
Hypertension Cardio-Vascular Disease	12 years
Due to: Congestive Heart Failure	2 mo
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Maurice C. Carter Jr. M. D. or other

Address: Hampstead, Md Date signed: 1-2-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 4 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0243

450.0

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 816 Glass Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Balto

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex

STREET ADDRESS (If rural, give location) 816 Glass Ave.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Matthew

4. DATE OF DEATH (Month) Jan (Day) 22 (Year) 1949

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Age 70 ABT. 1879

9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Balto., Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John L. Matthew

14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Mr. William Matthew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic interstitial nephritis

Antecedent cause(s) (b) Arterio-sclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic bilateral bronchitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial insufficiency

INTERVAL BETWEEN ONSET AND DEATH: 6 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-, 1948, to 1-21, 1949, that I last saw the deceased alive on 1-21, 1949, and that death occurred at 2:30 a m., from the causes and on the date stated above.

SIGNATURE J. B. Bronushas M.D. (Degree or title) ADDRESS 3037 Odonnell St DATE SIGNED JAN 24 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1/25/49

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. 1/24/49

REGISTRAR'S SIGNATURE John G. Connelly

24. FUNERAL DIRECTOR John G. Connelly ADDRESS 418 Eastern Ave

RECEIVED
FEB 7 1949
BUREAU V. S.

Dr. Morrison
2534 Yorkway
EVIDENCE FOR ADDITION
ITEM #18 13 BN

0244

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH · COUNTY: Dundalk MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Dundalk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6 Playfield Road	STREET ADDRESS (If rural, give location): 6 Playfield Road

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) N. (Last) MAURER			4. DATE OF DEATH (Month) January (Day) 15, (Year) 1949	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: Jan. 21, 1884	9. AGE last birthday: 64 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker	10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel Co	11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Christian Maurer		14. MOTHER'S MAIDEN NAME: Catherine Pfeiffer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 213-07-3749	17. INFORMANT: Mrs. Helen Maurer, 6 Playfield Road		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 45 Min.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio-vascular disease [3/9/49 ahc] — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan, 1949, to 15 Jan, 1949, that I last saw the deceased alive on 15 Jan, 1949, and that death occurred at 12:23 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Herbert Morrison	M.D.	2534 Yorkway Dundalk	16 Jan 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1-18-49	NAME OF CEMETERY OR CREMATORY: Sacred Heart	LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REG.: 1-17-49	REGISTRAR'S SIGNATURE: G. W. Hedgins	24. FUNERAL DIRECTOR: Leonard J. Ruck	ADDRESS: 5305 Harford Road.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

443 932 0245

Reg. Dist. No. 3 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville (Rural) | LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville - Rural
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) MARY- (Middle) JANE - (Last) McTOMAS

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 19 49

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH Mar 6 - 1866 | 9. AGE last birthday 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Caleb Martin | 14. MOTHER'S MAIDEN NAME Emma Kemp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT Mr Howard McComas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1938, to Jan 26, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 3 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Maurice C. Carter fund | Hampstead, Md | 1-26-49

23. BURIAL, CREMATION REMOVAL (Specify) | DATE Jan 29/49 | NAME OF CEMETERY OR CREMATORY Grace Meth. | LOCATION (City, town, or county) Balto Co | (State) Md

DATE REC'D BY LOCAL REG. 1-27-49 | REGISTRAR'S SIGNATURE Mary B. Eline. | 24. FUNERAL DIRECTOR ADDRESS Edco A Tipton, Hampstead Md

VS. A15

RECEIVED
JAN 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0246

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Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE CO. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DANIELS
LENGTH OF STAY (in this place): 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DANIELS
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) MAE (Last) McDONALD

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 11, 06

9. AGE last birthday: 43 yrs. If under 1 year: Months. --- Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Spooler

10b. KIND OF BUSINESS OR INDUSTRY: Cotton duck mill

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ALBERT CLIFTON

14. MOTHER'S MAIDEN NAME: NETTIE EYLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): ******

16. SOCIAL SECURITY NO.: 216-07-4001

17. INFORMANT: MRS. GLADYS SHIFFLETT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Peritonitis — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Not known

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/28/, 1949, to 1/29/, 1949, that I last saw the deceased alive on 1/28/, 1949, and that death occurred at 8 a m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: JAN. 31/49

NAME OF CEMETERY OR CREMATORY: GOOD SHEPHERD

LOCATION (City, town, or county) (State): ROCKLAND, MARYLAND

DATE REC'D BY LOCAL REG. 1/29/49

REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR ADDRESS: EASTON SONS ELLICOTT CITY, MD.

Easton Sons

RECEIVED
FEB 11 1949
BUREAU V. S.

0247

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase, Md. LENGTH OF STAY (in this place): 21 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chase, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): W. Twin River, Md.

3. NAME OF DECEASED (Type or Print) (First) MARY	(Middle) (None)	(Last) MELKA	4. DATE OF DEATH (Month) JAN	(Day) 20	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: White	7. [redacted], WIDOWED, [redacted], (Specify) [redacted]	8. DATE OF BIRTH: 1-23-89	9. AGE last birthday: 59 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Bohemia	12. CITIZEN OF WHAT COUNTRY? W. S.		
13. FATHER'S NAME: Joseph Vich		14. MOTHER'S MAIDEN NAME: unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Mrs Marie Baker			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	2 mos
Antecedent cause(s)	(b) Chronic non-valvular heart disease	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to Jan, 1949, that I last saw the deceased alive on 1/12, 1949, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas B Haigley	M D	815 Eastern Ave Balto 21 Md	1/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/24/49	NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 1/21/49	REGISTRAR'S SIGNATURE: A. W. Hedrick DVM	24. FUNERAL DIRECTOR: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison Street	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

443
93d

0248

Reg. Dist. No. 40

1. PLACE OF DEATH:

County: Baltimore

City or town: Fullerton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred: Belair Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Fullerton
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Belair Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: ANTHONY MENNELLO

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife: Josephine Mennello

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 21st, 1867

8. AGE: Years	Months	Days	If less than one day
81	9	16	..... hrs. ..... min.

9. Birthplace: Italy
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER
12. Name: Henry Mennello
13. Birthplace: Italy

MOTHER
14. Maiden name: Mazza
15. Birthplace: Italy

16. Informant: Mr. Dominick Mennello
Address: Belair Road, Fullerton, Md.

17. burial
(Burial, cromation, or removal. Which?)
Date thereof: Jan. 10th, 1949 (month) (day) (year)

Cemetery or crematory: St. Josephs

Location: Fullerton, Md.

18. Funeral director: Lassahn Funeral Home
Address: 7401 Belair Road

19. 1/8/49 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 7th, 1949, at 4:06P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 23, 1947, to Jan. 7, 1949 and that I last saw him alive on Jan. 7 1949

Immediate cause of death	DURATION
Congestive Heart Failure	3 hours
Due to Cardio-Vascular Hypertensive Disease	10 yrs.
Due to Arteriosclerosis	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Michael J. Dausch M.D. (M. D. or other)

Address: 1 W. Overlea Ave Date signed: 1-8-49

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VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 19 1949
BUREAU V. S.

0249

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

002 Bc 13b

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Hospital, Ft.Howard,Md.	STREET ADDRESS (If rural, give location) SEAMAN'S ANCHORAGE, BROADWAY & THAMES

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) A.	(Last) MILLER	4. DATE OF DEATH	(Month) JAN.	(Day) 11,	(Year) 1949
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH 11-12-1887	9. AGE last birthday 61 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMAN	10b. KIND OF BUSINESS OR INDUSTRY SEAMAN	11. BIRTHPLACE (State or foreign country) BURDEN, NEW YORK	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME ALEXANDER MILLER	14. MOTHER'S MAIDEN NAME MARGARET WATSON						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No. Unknown	17. INFORMANT Clinical Records, Vets. Adm. Hosp. Fort Howard, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis, rt. upper lung active.	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, generalized	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9-, 1949, to 1-11-, 1949, that I last saw the deceased alive on 1-11-, 1949, and that death occurred at 7:55 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh. H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft. Howard, Md.	1-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 1-12-49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Pekin, Ill (Preston Funeral Home)
DATE REC'D BY LOCAL REG. January 12-49	REGISTRAR'S SIGNATURE A. W. Hedrich JS	24. FUNERAL DIRECTOR Howard Blight Funeral Home	ADDRESS Howard N. Blight 6009 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Green

0250

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331
83a

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Parkville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8318 Old Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 8318 Old Harford Road

3. NAME OF DECEASED (Type or Print): (First) Nicholas (Middle) F. (Last) Miller

4. DATE OF DEATH: (Month) Jan. (Day) 30th (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Nov. 20, 1870

9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Baltimore Co, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Floren Miller

14. MOTHER'S MAIDEN NAME: Annie Marie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Margaret Miller, 8318 Old Harford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Apoplexy) — Interval between onset and death: 1/27/49

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — many years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jany 27, 1949, to Jany 30, 1949, that I last saw the deceased alive on Jany 29, 1949, and that death occurred at 1:18 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Morris B. Green M.D. — ADDRESS: 3009 Eastern Ave Balto 14 Md. — DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2-2-49 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 2-1-49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

4

0251

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

974
164a

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bengies.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) By 164 A Rt. 15 Stevens Rd

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) James	(Last) Morgan	4. DATE OF DEATH	(Month) Jan	(Day) 29	(Year) 1949
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 12/24/1902	9. AGE last birthday 46 yrs.	If under 1 year Months 1	Days 5	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Western Elec. Co.	10b. KIND OF BUSINESS OR INDUSTRY Welder	11. BIRTHPLACE (State or foreign country) Wales	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME William Morgan		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 216-03-6056	17. INFORMANT Helen C. Morgan & Lillian S. Morgan	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation

Antecedent cause(s) (b) Hanging by belt around neck.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify) Suicide	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE) Essex Police Sta. Balto. Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-29-49, 9 40 p. m.	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR? Strangulation by hanging

22. I hereby certify that I attended the deceased from....., 19....., to 1/29 1949, that I last saw the deceased alive on....., 19....., and that death occurred at 9 40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Carmine	M.D.	Deputy Medical Examiner Balto. Co. Dundalk 22 Md.	1/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/2/49	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) (State) Frederick Rd. Balto. Md.
DATE REC'D BY LOCAL REG. 2/1/49	REGISTRAR'S SIGNATURE John G. Connelly	24. FUNERAL DIRECTOR John G. Connelly	ADDRESS Essex

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1949
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

345/87d

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baeto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 41 Bloomsbury ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baeto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 41 Bloomsbury

3. NAME OF DECEASED (Type or Print) (First) Jessie (Middle) Phillips (Last) Morsberger

4. DATE OF DEATH (Month) January (Day) 6 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Jan 11/1908
9. AGE last birthday 40 yrs. If under 1 year: Months 11, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Office
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edw Wm Morsberger
14. MOTHER'S MAIDEN NAME Mary Espey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frances Morsberger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	2 da.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gradual paralysis Respiratory Center	1 wk.
	(c) Multiple Sclerosis	8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1940, to 1/6, 1949, that I last saw the deceased alive on 1/6, 1949, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

SIGNATURE Wilmer K. Gallager (Degree or title) M.D. ADDRESS 6209 Frederick Rd. Balt 28, Md DATE SIGNED 1-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/7/49
NAME OF CEMETERY OR CREMATORY Lowden Park
LOCATION (City, town, or county) (State) Baeto City Md

DATE REC'D BY LOCAL REG. 1-7-49
REGISTRAR'S SIGNATURE V E. Harry
24. FUNERAL DIRECTOR Edw S Mar Nabb ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1949
BUREAU T. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Baltimore

City or town Cockeysville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 months

Hospital, institution, or street address where death occurred:
Masonic Home, Cockeysville Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto Co.

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5903 Gwynn Oak Ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Evelyn Nicols

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27th 1875

8. AGE: Years	Months	Days	If less than one day
73		11	hrs. min.

9. Birthplace Howard Co. Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name James Nicols
13. Birthplace Baltimore

MOTHER
14. Maiden name Mary A. Richardson
15. Birthplace Baltimore

16. Informant Laura M. Schroeder
Address Masonic Home, Cockeysville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 11. 49 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Baltimore Md

18. Funeral director Wm. Coole

Address St. Paul & Preston St

19. Jan 8 1949 Laura M. Schroeder
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 7 1949 at 11 25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8 1948 to Jan 7 1949 and that I last saw h~~er~~ alive on 1949

Immediate cause of death	DURATION
Carcinoma Stomach	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter T. Kees M. D.
M. D. or other

Address Cockeysville Md Date signed 1/7/49

RECEIVED
JAN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY Baltimore (Chase) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bird River Beach

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
STREET ADDRESS (If rural give location) Bird River Beach

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) E. (Last) Nitzel

4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1949

5. SEX Femal

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH May 8, 1863

9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) UNITED STATES

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Patrick Berry

14. MOTHER'S MAIDEN NAME Mary Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Viola Rund

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteio-Sclerotic-Cardio-Vascular disease	2 yrs.
	(c) Secondary Anaemia of Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1948, to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

G. M. Baumgardner M.D. Balto 6 Md 1-25-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 1/26/49

NAME OF CEMETERY OR CREMATORY Mt. Carmel

LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REG. 1/25/49

REGISTRAR'S SIGNATURE A. W. Hedgecock

24. FUNERAL DIRECTOR Lilly and Zeiler, Inc. ADDRESS 403 S. Wolfe St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 0255 592 131 b 44

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS VAH, Fort Howard, Maryland	STREET ADDRESS (If rural, give location) 2751 Rayner Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDWARD	F.	O'NEILL	Jan.	15	49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Married	6-5-92	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Worked in Garage & coal Bus.	Garage Business	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward O'Neill	Elizabeth Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW-I	Unknown	Clinical Records, Vets. Adm. Hosp., Ft. Howard Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	4 Days
Antecedent cause(s)	(b) Hypertensive Cardio-vascular disease	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Glomerulonephritis	30 Yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity, Exogenous, Extreme	25 Yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-14-, 1949, to 1-15-, 1949, that I last saw the deceased alive on 1-15-, 1949, and that death occurred at 12:47 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
C. Strahan MD		
CHARLES STRAHAN, M. D.	VAH, FORT HOWARD, MD.	1-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-18-49	Baltimore National Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/17/49	A.W. Hedrick Dm	J.J. COWAN & SON, Baltimore, Md.	

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Be 490 108 0256

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1732 Thames St.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) T. (Last) PARKER
4. DATE OF DEATH (Month) Jan. (Day) 17, (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-4-1898
9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman
10b. KIND OF BUSINESS OR INDUSTRY Merchant Seaman
11. BIRTHPLACE (State or foreign country) Dallas, Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Clinical Records, VAH, Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15-, 1949, to 1-17-, 1949, that I last saw the deceased alive on 1-17-, 1949, and that death occurred at 4:00 A. m., from the causes and on the date stated above.

SIGNATURE H.C. Manaugh H.C. MANAUGH, M.D. (Degree or title) Chief Pro. Ser. ADDRESS VAH, Ft. Howard, Md. DATE SIGNED 1-18-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-18-49
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) 5501 Frederick Rd. Baltimore, Md.

DATE REC'D BY LOCAL REG. Jan 18-49
REGISTRAR'S SIGNATURE Dawson L. Harber
24. FUNERAL DIRECTOR Howard Blight, 6009 Harford Rd., Balto., Md. ADDRESS
Howard N. Blight

RECEIVED
JAN 21 1949
BUREAU V. S.

EVIDENCE FOR CHANGES IN ITEM # 18 IS ON:
FILM No. G 119 MAR 10 1949
EVIDENCE FOR ADDITION OF DATE OF DEATH IS ON: FILM # G118-2-9-49

0257

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7115 Bristol Rd. Balto. 12

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co.
STREET ADDRESS (If rural, give location) 7115 Bristol Rd Balto 12

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Virginia (Last) Parks
4. DATE OF DEATH (Month) JANUARY (Day) 16, (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 25 1874
9. AGE last birthday 74 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.a
13. FATHER'S NAME John R. Parks
14. MOTHER'S MAIDEN NAME Sarah Bentley Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) #2 Arteriosclerotic Cardio Vascular Disease with Decompensation - Auricular Fibrillation

Antecedent cause(s) (b) #3 Fibrosis Right Lower Lung - with Atelectasis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) #1 Cerebral Thrombosis Right with Paralysis Left.

INTERVAL BETWEEN ONSET AND DEATH: 2 - Dec 1948 / 16 JAN 1949

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Dec, 1948, to 16 JAN, 1949, that I last saw the deceased alive on 14 JAN, 1949, and that death occurred at 9:10A m., from the causes and on the date stated above.

SIGNATURE W Kennedy Waller (Degree or title) MD ADDRESS 512 Cathedral St DATE SIGNED 16 Jan 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Jan. 19 1949 NAME OF CEMETERY OR CREMATORY Gessops LOCATION (City, town, or county) Sparks (State) Md

DATE REC'D BY LOCAL REG. Jan. 18, 1949 REGISTRAR'S SIGNATURE M. Carroll Lawson Deputy Local Registrar
24. FUNERAL DIRECTOR Landon M. Brooks ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

0258

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 68 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Hospital, Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1820 E. 29th St., Baltimore 18, Md.

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) B. (Last) Parthree

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-20-97

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Guard

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John G. Parthree

14. MOTHER'S MAIDEN NAME: Annie K. Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 220-18-7134

17. INFORMANT: Clinical Records, Vets. Adm. Hosp. Fort Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Stomach with metastases	1 yrs.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-22-47

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-4, 1948, to 1-11, 1949, that I last saw the deceased alive on 1-11, 1949, and that death occurred at 7:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Manaugh, M.D. Chief Pro. Ser. VAH, Fort Howard, Md. 1-12-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 1/14
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 1-13-49
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: McNabb Funeral Home ADDRESS: Catonsville, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 0259

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JONES'S CREEK
LENGTH OF STAY (In this place): 20 YRS. MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7360 WALDMAN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JONES'S CREEK
STREET ADDRESS (If rural give location): 7360 WALDMAN AVE.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) S. (Last) PEARMAN

4. DATE OF DEATH: (Month) JAN (Day) 22 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 6/19/1883

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CRANE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL

11. BIRTHPLACE (State or foreign country): RICHMOND VA.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: ROBERT F. PEARMAN

14. MOTHER'S MAIDEN NAME: AMELIA MYERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT: HATTIE M. PEARMAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-sclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from April, 1947, to Jan 22, 1949, that I last saw the deceased alive on Jan 20, 1949, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert E. Farber M.D. Sparrows Point, Md 1-24-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 1/25/49
NAME OF CEMETERY OR CREMATORY: MEADOW RIDGE MEM. PK.
LOCATION (City, town, or county) (State): DORSEY MD.

DATE REC'D BY LOCAL REG.: Jan. 24-49
REGISTRAR'S SIGNATURE: Dawson L. Harbin
24. FUNERAL DIRECTOR: Roland L. Fisher
ADDRESS: 2112 DUNDALK AVE. MD.

RECEIVED
JAN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0260

420.0
932

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 days

Hospital, institution, or street address where death occurred:
Spring Grove State Hospital

How long in hospital or institution? 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: McDonogh
(If outside city or town limits, write RURAL and give nearest town)

Street No.: McDonogh School
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: William Pearson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: unknown

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): September 5 1866

8. AGE: Years	Months	Days	If less than one day
82	3	30	..... hrs. ..... min.

9. Birthplace: Pennsylvania
(Town, county, and state)

10. Usual occupation: Miner

11. Industry or business: Coal

FATHER
12. Name: John Pearson
13. Birthplace: England

MOTHER
14. Maiden name: Barbara Dickenson
15. Birthplace: England

16. Informant: Hospital recordss
Address: Catonsville, 28, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 8 1949 (month) (day) (year)
Cemetery or crematory: Presbyterian Cem.
Location: Mahanoy City Pa.

18. Funeral director: Easton & Sons
Address: Catonsville, Md.

19. 1-5 1949 (Date rec'd by registrar) W. E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4, 1949 at 4:55 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 15 1948 to January 4 1949 and that I last saw h... im alive on January 4 1949

Immediate cause of death	DURATION
Right lower lobar pneumonia	12 hours
Arteriosclerotic cardiovascular disease--indef.	
Due to: Arteriosclerosis, generalized	indefinite
Arteriosclerotic heart disease	indefinite
Due to:	
Other conditions: von Recklingshausen's disease?	"

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Henry C. A. Mead
Henry C. A. Mead, M. MDx or other

Address: Catonsville, 28, Md. Date signed 1/4/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 7 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.0 Bc
93d

0261

Reg. Dist. No. XX

1. PLACE OF DEATH:
County: Baltimore
City or town: Fort Howard
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred:
Vet. Adm. Hosp., Fort Howard, Maryland
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2856 West North Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war: WW I

3. (a) FULL NAME
MELVIN E. POOLE

3. (b) Social Security Number
218-09-8316

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs. Charlotte E. Poole
6.(c) If alive, give age: 43 years
7. Birth date of deceased (mo., day, yr.): March 13, 1896

8. AGE: Years	Months	Days	If less than one day
52	9	21	hrs. min.

9. Birthplace: Pennsylvania (Broadtop City)
(Town, county, and state)
10. Usual occupation: Laborer - Unemployed
11. Industry or business:
FATHER
12. Name: Louis Poole
13. Birthplace: Pennsylvania
MOTHER
14. Maiden name: Laura Evans
15. Birthplace: Pennsylvania
16. Informant: Clinical Records, Vet. Adm. Hosp.
Address: Fort Howard, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 1/7/49 (month) (day) (year)
Cemetery or crematory: Baltimore National Cemetery
Location: ~~[illegible]~~ Balto., Md.
18. Funeral director: Wm. J. Tickner and Sons
Address: North & Pennsylvania Ave., Balto., Md.
19. 1/5 1949 A. W. Hedrick Dm. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 4 1949 at 4:00A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3 1949 to January 4 1949 and that I last saw him alive on January 4 1949

Immediate cause of death	DURATION
(1) ARTERIOSCLEROTIC HEART DISEASE	4 yrs.
(2) CARDIAC FAILURE, SEVERE, TERMINAL, SEC. TO #1	1 mon.
Due to	
Due to	
Other conditions (1) Emphysema, pulmonary, severe	3 yrs.
(2) Bronchitis, chronic, moderate	7½ yrs.

(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H. C. Manaugh M.D. or other
H.C. MANAUGH, M.D., CHIEF, PRO. SERVICES
Address: FORT HOWARD, MARYLAND Date signed: 1-4-49

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15 9-45-15M

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1 93d

0262

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3010 DUNMURRAY RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 3010 DUNMURRAY RD.
STREET ADDRESS (If rural give location) 3010 DUNMURRAY RD.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) W. (Last) PURGAVIE

4. DATE OF DEATH (Month) JAN. (Day) 23 (Year) 1949

5. SEX M.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH 7/16/1904

9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTCHER

10b. KIND OF BUSINESS OR INDUSTRY MEAT MARKET

11. BIRTHPLACE (State or foreign country) GLASCO, SCOTLAND

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME —

14. MOTHER'S MAIDEN NAME ISABELLE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT A. ELIZABETH PURGAVIE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Immediate
Antecedent cause(s)	(b) Myocarditis (Unspecified)	3 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939, 19....., to Jan. 23, 1949, that I last saw the deceased alive on Jan. 23, 1949, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

SIGNATURE J. W. B. Davis MD (Degree or title) ADDRESS 2 Kinshipkoot Dundalk-22 DATE SIGNED 1/25/49.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE 1/26/49

NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.

LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REG. Jan. 26-1949

REGISTRAR'S SIGNATURE W. M. Kelly Jr.

24. FUNERAL DIRECTOR Roland L. Fisher ADDRESS DUNDALK, MD.

RECEIVED
JAN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0263

151

46 b

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (in this place) 24 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Home.	2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Balto; STATE Maryland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural give location) Reisterstown Rd.

3. NAME OF DECEASED (Type or Print): (First) Lonie (Middle) Estelle (Last) Richardson	4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1949					
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married	8. DATE OF BIRTH: 12 Apr 1876	9. AGE last birthday: 72 yrs.	If under 1 year: Months	Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Perry Hall Maryland	12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: Jacob E Robertson		14. MOTHER'S MAIDEN NAME: Matilda Campbell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Morris Richardson	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of stomach	1-2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —	(CITY OR TOWN): —	(COUNTY): —	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from Nov, 19 48, to 21 Jan, 19 49, that I last saw the deceased alive on 20 Jan, 19 49, and that death occurred at 6:45 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul H Royer	M.D.	Pikesville & Maryland	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	January 24 1949	Druid Ridge Cemetery	Pikesville Balto. Co. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-22-49	Mary B. Eline.	Wm Berryman & Sons	Reisterstown, Md.

VS. A15

RECEIVED
JAN 25 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

0264

2411 N. Charles Street, Baltimore

177
51

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto.Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto .
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 144 Westminster Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Carl (Last) Rohde

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 28, 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 23, 1889

9. AGE last birthday: 59 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business manager at School for Boys

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Clevland Chio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles A. Rohde

14. MOTHER'S MAIDEN NAME: Elizabeth Woike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-6381

17. INFORMANT: Mrs. Edna Wells Rohde

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	10 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of the Prostate	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1943

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the Prostate

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10, 1948, to 1/28, 1949, that I last saw the deceased alive on 1/28, 1949, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin E. Strobel — ADDRESS Reisterstown, Md. — DATE SIGNED 1/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 31, 1949 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Balto.Co.

DATE REC'D BY LOCAL REG. 1-30-49 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: J. F. Eline & Sons — ADDRESS: Reisterstown, Md.

RECEIVED
FEB 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

260 61

0265

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 5-7 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 415- Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) 415- main

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Alice (Last) Saffell

4. DATE OF DEATH: (Month) Jan. (Dey) 13 (Yeer) 1949

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: June 29, 1871

9. AGE last birthday: 77 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Westminster, Md

12. CITIZEN OF WHAT COUNTRY: United States

13. FATHER'S NAME: Richard Owings

14. MOTHER'S MAIDEN NAME: Elizabeth S Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Charles C. Eyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Myocarditis - Chronic decompensating — 3 yrs

(c) Diabetes - mellitus — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition ceueing death. Coronary occlusion 15 yrs ago.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓

PLACE (Home, ferm, factory, street, office bldg., etc.) OF INJURY: ✓ (CITY OR TOWN): ✓ (COUNTY): ✓ (STATE): ✓

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, 19—, to 1-13—, 1949, that I last saw the deceased alive on 1-8—, 1949, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James G. Saffell — ADDRESS: Reisterstown, Md — DATE SIGNED: 1-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 15, 1949 — NAME OF CEMETERY OR CREMATORY: All Saints — LOCATION (City, town, or county) (State): Reisterstown Md.

DATE REC'D BY LOCAL REG.: 1-15-49 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: Wm. Berryman & Sons — ADDRESS: Reisterstown

RECEIVED
JAN 18 1949
BUREAU V. S.

0266

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

154
462

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore (Rural) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, md
LENGTH OF STAY (In this place) 3 yrs 9 mos 23 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Baltimore, md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leona	Mae	Schafer	Jan	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	21 March 1901	47 yrs.	2	0	5	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inmate Rosewood	none	Baltimore, md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Schafer	Maggie Schafer (Foss)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Institutional records Rosewood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Carcinoma of the rectum	7 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/18/48	Carcinoma of the rectum	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 21 Jan., 1949, to 22 Jan, 1949, that I last saw the deceased alive on 22 Jan, 1949 and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. E. Butler	M.D.	Owings Mills, md	23 Jan '49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 25-49	Rosewood	Balto Co.	Md

DATE REC'D BY LOCAL REGISTRAR'S REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 24-49	Mary B. Eline.	J. F. Eline's Son	Reisterstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1949
BUREAU V. S.

0267

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

610
93d

Reg. Dist. No. 30

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 mos., 4 das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg-6
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural give location) 8809 Ridge Avenue

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Henry	(Last) Schaffer	4. DATE OF DEATH	(Month) January	(Day) 19	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 12-6-1878	9. AGE last birthday 70 yrs.	If under 1 year Months 1	Days 8	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer -odd jobs	10b. KIND OF BUSINESS OR INDUSTRY cemetry	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William J. Schaffer	14. MOTHER'S MAIDEN NAME Sara Elizabeth Chrinll						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. 213-03-1254	17. INFORMANT Hospital records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	indefinite
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Due to, Hypertrophy of the prostate	"
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertensive cardiovascular disease	"

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1948, to Jan. 19, 1949, that I last saw the deceased alive on Jan. 19, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Isadore Tuerk, M.D. ADDRESS Isadore Tuerk, M.D., Clinical Director Catonsville-28, Maryland DATE SIGNED 1-19-49

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 1/22/49	NAME OF CEMETERY OR CREMATORY Parkwood	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. Jan 20, 1949	REGISTRAR'S SIGNATURE A. W. Hedrich per AKC	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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0268

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1740 Grange Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural give location) 1740 Grange Rd.

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Schlimme.
4. DATE OF DEATH (Month) Jan (Day) 20 (Year) 1949
5. SEX Male
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.
8. DATE OF BIRTH Feby 5/1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Schlimme
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Guy Goode.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on dead, 19....., and that death occurred at 8 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. McCarmone M.D. ADDRESS Deputy Medical Examiner Balto Co. Dundalk 22 Md. DATE SIGNED 1/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan. 24, 1949
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. Jan. 23-1949
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS 2112 Dundalk Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 157 46g 0269

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 159 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 1524 Mt. Royal Avenue

3. NAME OF DECEASED (Type or Print)	(First) WILLIAM	(Middle) M	(Last) SCHMEHLING	4. DATE OF DEATH	(Month) Jan. (Day) 21 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 6-23-93	9. AGE last birthday 55 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Schmehling			14. MOTHER'S MAIDEN NAME Theresa Myers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Clin.Rec.Vets. Adm. Hosp. Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of tail of pancreas with extensive abdominal metastases — unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1948, to 1-21, 1949, that I last saw the deceased alive on 1-21, 1949, and that death occurred at 7:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wilber Ellis WILBER ELLIS, M.D.		VAH Fort Howard, Maryland	1-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/25/49	NAME OF CEMETERY OR CREMATORY Loudon Park	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 1-24-49	REGISTRAR'S SIGNATURE R. W. Hedrich	24. FUNERAL DIRECTOR Howard N. Blight Jr.	ADDRESS 6009 Harford Road

JS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0270

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

752
157a

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 20
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 200 Long Beach.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) Jean (Last) Scott.
4. DATE OF DEATH (Month) Jan (Day) 30 (Year) 1949

5. SEX Female
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 26/1948
9. AGE last birthday X yrs. If under 1 year Months 8 Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore City Md.
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Ralph Scott.
14. MOTHER'S MAIDEN NAME Catherine Kelly.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Catherine Kelly.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition. — INTERVAL BETWEEN ONSET AND DEATH: 10 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hydrocephalic. — at birth.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 1/30, 1949 that I last saw the deceased ~~alive~~ on dead 1/30/49, and that death occurred at 11/20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. McCormine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 1/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb. 2-49
NAME OF CEMETERY OR CREMATORY Texas Alms House
LOCATION (City, town, or county) (State) Texas Md.

DATE REC'D BY LOCAL REG. Feb. 2-49
REGISTRAR'S SIGNATURE John G. Connelly
24. FUNERAL DIRECTOR John G Connelly
ADDRESS 418 Eastern Ave Balto 21 Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

Dr. E. J. Alessi

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0271

EVIDENCE FOR ADDITION ITEM #18 IS ON

[redacted] G 119 MAR 10 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 38

156

1. PLACE OF DEATH COUNTY: Anneslie MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY:
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Baltimore County — LENGTH OF STAY (in this place):	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 812 Regester Avenue	STREET ADDRESS (If rural, give location): 3017 Northway Drive

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Teresa	(Last) Scott	4. DATE OF DEATH	(Month) Jan. (Day) 27 (Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed	8. DATE OF BIRTH: Aug. 21, 1883	9. AGE last birthday: 65 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Harford Co. Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: John Furlong	14. MOTHER'S MAIDEN NAME: Alice R. Butler				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Herbert Hartman, 3017 Northway Drive			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of lesi, — 6 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary site of carcinoma? [3/9/49 abs]

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1948, to Jan 27, 1949, that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. J. Alessi MD	Physician	6217 Harford Rd Baltimore Md	1/29/49

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE: 1-31-49	NAME OF CEMETERY OR CREMATORY: Greenmount	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 1/31/49	REGISTRAR'S SIGNATURE: Alo. Hedrick DM	24. FUNERAL DIRECTOR: Leonard J. Ruck, 5305 Harford Road.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

359.2
107

0272

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Owings Mills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs. 2 mos.

Hospital, institution, or street address where death occurred:
Rosewood State Training School.

How long in hospital or institution? 3 yrs. 2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Owings Mills
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Clara Elaine Sheppard.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1934

8. AGE: Years 14 | Months 5 | Days 30 | If less than one day ... hrs. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Harry Edward Sheppard

13. Birthplace Dayton, Maryland

MOTHER 14. Maiden name Clara Rebecca Stevens

15. Birthplace Catonsville, Maryland.

16. Informant Hospital Records

Address Rosewood state Tr. School.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 5, 1949 (month) (day) (year)

Cemetery or crematory St Johns Cemetery

Location Ellicott City, Md.

18. Funeral director Easton Sons

Address 608 Fred. Ave Catonsville, Md.

19. 1-3-1949 (Date rec'd by registrar) Mary B. Elins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3, 1949 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3 1949, to Jan. 3, 1949, and that last saw h.. alive on January 3, 1949.

Immediate cause of death	DURATION
Status Epilepticus	20 hrs
Due to	
Due to	
Other conditions Broncho pneumonia	24 hrs

(Include pregnancy within 3 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Viola Barrett Johns M.D.
M. D. or other

Address Rosewood State Tr. Sch. Date signed 1/3/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A10 9-45-15M

RECEIVED
JAN 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0273

443

131 b

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Hill Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Laurel Hill Lane

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Sheffield (Last) Sherwood

4. DATE OF DEATH: (Month) Jan (Day) 25th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 5-18-1879

9. AGE last birthday: 69 yrs. If under 1 year: Months. 8 Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Journalist

10b. KIND OF BUSINESS OR INDUSTRY: Balto. Sun Paper

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sherwood

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Carl Grimmer Laurel Hill Lane Catonsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Auricular Fibrillation, Chronic Nephritis	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerotic C.V. Disease	
	(c) Chronic Myocardial Disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Dec., 1946, to 25 Jan., 1949, that I last saw the deceased alive on 25 Jan., 1949, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph E. Muse Jr. M.D. ADDRESS 5 West 29th St. Balto 18 DATE SIGNED 27 Jan 49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1-28-49
NAME OF CEMETERY OR CREMATORY: London Park
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 1-28-49
REGISTRAR'S SIGNATURE: A. W. Hedrich
24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0274

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13 b

Reg. Dist. No. 938

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 2 yr. 1 mo. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Baltimore~~
STREET ADDRESS (If rural give location) 807 Kingston Road

3. NAME OF DECEASED (Type or Print) (First) Frances W. (Middle) Shockley (Last)

4. DATE OF DEATH (Month) January (Day) 12, (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Oct 15, 1923
9. AGE last birthday 25 yrs. If under 1 year Months 0 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Divorced
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James ~~Sudborough~~ Sudborough
14. MOTHER'S MAIDEN NAME Winifred ~~Stevens~~ Stephens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Personal History and Hospital Records, Eudowood Sanatorium, Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Onset November 1945

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-16-, 1946, to 1-12-, 1949, that I last saw the deceased alive on 1-11-, 1949, and that death occurred at 3:57 A.m., from the causes and on the date stated above.

SIGNATURE William A Bridges (Degree or title) M.D. ADDRESS Towson, 4, Md, DATE SIGNED 1-12-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 1/15/49 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 1/14/49 REGISTRAR'S SIGNATURE H.W. Hedrick
24. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. ADDRESS 1900 Eutaw Pl. Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

491
107

0275

EVIDENCE FOR CHANGES IN #18 IS OK

FILM No. G 119 MAR 21 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills — LENGTH OF STAY (in this place): 17 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Tr.School	STREET ADDRESS (If rural give location): Rosewood State Tr. School.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	K.	Simmons	January	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	single	Jan. 4, 1926	23 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Kingston, Pennsylvania	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederic R. Simmons	Jessie A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) ① Atelectosis	2 days
Antecedent cause(s) (b) ② Tuberous sclerosis - Broncho-pneumonia	5 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Spastic paraplegia - epilepsy (Grand Mal)	since birth
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 14, 19 49, to Jan. 15, 19 49 that I last saw the deceased alive on Jan. 15, 19 49, and that death occurred at 4.35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Viola Barrett Johns	M. D.	Rosewood Owings Mills, Md	Jan 15 1949.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 18-49	Rosewood	Balto Co

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-17-49	Mary B. Eline.	J. F. Eline Sons	Reisterstown Md

RECEIVED
JAN 19 1949
BUREAU V. S.

Evidence for change of birthdate shown on Film G118 1/10/49 dm

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

203 552

0276

Reg. Dist. No. XX

1. PLACE OF DEATH:

County Baltimore

City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 248 days

Hospital, institution, or street address where death occurred: V.A.H. Fort Howard, Md.

How long in hospital or institution? 248 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County

City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 3526 Hayward Ave. (If rural, give LOCATION)

2.(a) If veteran, name war WWI

3.(a) FULL NAME ROSS KAUFMAN SKINNER

3.(b) Social Security Number unknown

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Virginia Skinner

6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb. 2, ~~1888~~ 1884

8. AGE: Years	Months	Days	If less than one day
~~60~~ 64	11	0	hrs. min.

9. Birthplace Troy, Ohio (Town, county, and state)

10. Usual occupation Maintenance Man

11. Industry or business

FATHER
12. Name Edward Skinner
13. Birthplace Unknown

MOTHER
14. Maiden name Victoria Bowers
15. Birthplace Lima, Ohio

16. Informant ClinicalRecords, Vets. Adm. Hosp/ Fort Howard, Maryland
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 4, 1949 (month) (day) (year)

Cemetery or crematory Mt. Olive Cemetery

Location Randellstown, Md.

18. Funeral director Loring Byers

Address 5005 Park Hghts. Ave. Baltimore, Md.

19. 1/3 19 x9 (Date rec'd by registrar) F.W. Hedrick Dm Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 2 1949, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 29 1948, to Jan. 2 1949 and that I last saw him alive on Jan. 2 1949

Immediate cause of death	DURATION
MULTIPLE MYELOMA	1 yr.
Due to	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Substantiated above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G.B. French ARTHUR FRENCH, M.D. M. D. or other

Address Fort Howard, Md. Date signed 1/2/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1 93d

0277 42

Reg. Dist. No. .....

1. PLACE OF DEATH:
County Baltimore
City or town Halethorpe
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Halethorpe
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1720 Selma Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME John W. ~~George~~ W. Smallwood

3. (b) Social Security Number 219-10-0552

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

B.(b) Name of husband or wife Madeline S.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April - 9 - 1882

8. AGE:

Years	Months	Days	If less than one day
66	9	—	..... hrs. ..... min.

9. Birthplace Prince Williams - Va.
(Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name George W. Smallwood
13. Birthplace Virginia
MOTHER 14. Maiden name Elizabeth Davis
15. Birthplace Virginia.
16. Informant Elizabeth Smallwood
Address 1851 W. Fayette St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1 - 13 - 1949 (month) (day) (year)
Cemetery or crematory Loudon Park
Location Baltimore City
18. Funeral director H. B. Wehrlet & Son
Address 1800 Eutaw Place
19. January 12 1949 A. W. Hedrich
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. - 9 - 1949 at 6:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1949 to Jan 9 1949 and that I last saw h.. im alive on Jan 9 1949

Immediate cause of death	OURATION
Carcinoma Ovary Occ	24 hr.
Congestive Heart Failure	
Due to Arteriosclerosis	
Coronary Artery-Occ.	48 hr.
Due to	
Other conditions Bronchitis (Chr.)	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work? NORTON

23. SIGNATURE Chas. Norton Jr. M.D.
M. D. or other
Address 1433 W. Baltimore St. Date signed 1/11/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0278

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard; LENGTH OF STAY (in this place) 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1224 N. Carlton Street

3. NAME OF DECEASED (Type or Print): (First) BENNIE (Middle) B (Last) SMITH

4. DATE OF DEATH: (Month) Jan. (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11-3-1896

9. AGE last birthday: 52 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boot Black

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Middlesex Co., Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Smith

14. MOTHER'S MAIDEN NAME: Margaret Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin.Rec. Vets. Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Approx. 39 Yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-, 1949, to 1-27-, 1949, that I last saw the deceased alive on 1-27-, 1949 and that death occurred at 7:10 A. m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. (Degree or title) ADDRESS: Chief Professional Ser. VAH, Ft. Howard, Md. DATE SIGNED: 1-27-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2/2/49

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): Saluda, Va.

DATE REC'D BY LOCAL REG.: Jan. 29th. 1949

REGISTRAR'S SIGNATURE: R.D. Hedrick

24. FUNERAL DIRECTOR: Charles K. Law, 801 Madison Ave. ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Saluda, Middleburg Co. Va.

Mr. Spencer Taylor, Funeral Director

Shipped Jan 31, 1948

Mrs Lottie Alston. Escort

0279

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1

CERTIFICATE OF DEATH

93d Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Stemmers Run, Md.
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rosedale, Md.
STREET ADDRESS (If rural give location): 8221 Philadelphia Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LENA	M.	SMITH	Jan.	9th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female	white	married	Apr. 14th, 1890	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore County, Md.	U.S.A.

13. FATHER'S NAME: Michael Scheeler
14. MOTHER'S MAIDEN NAME: Lena Schumann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. Paul J. Fischer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	4-5 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension C-V Disease	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ——, 19....., to ——, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Davis	M.D. Dep. Med. Exam. Balto Co.	Towsontown Md	1/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/12/49	Zion Lutheran	Stemmers Run, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/10/49	H.W. Hedrick DM	Lassahn Funeral Home	7401 Belair Rd.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0280

420.1
932

CERTIFICATE OF DEATH

Reg. Diat. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Pikesville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 108 Old Court Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Harry L. Snively

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Mary G. Snively
6.(c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): May 20, 1868

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
80	8	16		

9. Birthplace: Washington County, Md.
(Town, county, and state)
10. Usual occupation: Salesman
11. Industry or business:
FATHER 12. Name: Millard Snively
13. Birthplace: Washington County, Md.
MOTHER 14. Maiden name: Unknown
15. Birthplace:
16. Informant: Mrs Harry L Snively
Address: 108 Old Court Rd. Pikesville Md
17. Burial (Burial, cremation, or removal, which?) Date thereof 1/7/49 (month) (day) (year)
Cemetery or crematory: M. E. Charles
Location: Pikesville
18. Funeral director: Frank G. Mendell
Address: Pikesville 8 Md
19. 1-6-1949 (Date rec'd by registrar) Dr. E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3 1949, at 6.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1948, to Jan 3 1949
and that I last saw h[illegible] alive on Jan 2 1949

Immediate cause of death	DURATION
Coronary Thrombosis	Sudden
Due to: Chronic Myocarditis	2
Due to: Arteriosclerosis	2
Other conditions: Senility	—

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Dr. E. E. Nichols M. D. or other
Address: Pikesville -8 Md Date signed 1-6-49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 10 1949
BUREAU F. S.

EVIDENCE FOR ADDITION
ITEM # 18 IS ON:

0281

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILE NO. G 1147 MAR 10 1949

Reg. Dist. No. K1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - rural
MARYLAND
LENGTH OF STAY (in this place): 66yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7156 Holabird Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore - rural
STREET ADDRESS (If rural, give location): 7156 Holabird Avenue

3. NAME OF DECEASED (Type or Print): (First) EVA (Middle) (Last) SOFINOWSKI

4. DATE OF DEATH: (Month) Jan. (Day) 26, (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 8, 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ? Rucko

14. MOTHER'S MAIDEN NAME: Wilhelmina Brodowski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Mary Panzer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho Pneumonia	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Degeneration	3 wks
	(c) Carcinoma of stomach is Cause of death 3/9/49 aha]	6 mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Jan. 1, 1948, to Jan. 26 1949, that I last saw the deceased alive on Jan. 26, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: C R Evans (Degree or title) M.D. ADDRESS: 1 Liberty Parkway DATE SIGNED: 1-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE: 1/29/49
NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/25/49
REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: HENRY SANDER & SONS, INC. BALTIMORE, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

Bc 331 830 0282

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 11 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.	STREET ADDRESS (If rural, give location) 3002 Loch Raven Road

3. NAME OF DECEASED (Type or Print) (First) WALDO (Middle) E. (Last) STEVENS

4. DATE OF DEATH (Month) Jan. (Day) 7 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1-14-98

9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Beverage Tester

11. BIRTHPLACE (State or foreign country) California

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Bertram Stevens

14. MOTHER'S MAIDEN NAME Mabel Robins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO. unknown

17. INFORMANT Clinical Records, Vet. Adm. Hosp. Fort Howard, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RIGHT CEREBRAL HEMORRHAGE — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and Subacute Nephritis — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 27, 1948, to Jan. 7, 1949, that I last saw the deceased alive on Jan. 7, 1949, and that death occurred at 12:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] ADDRESS VAH Fort Howard, Md. DATE SIGNED 1-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 1/10/49 — NAME OF CEMETERY OR CREMATORY Baltimore National Cemetery — LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REG. Jan 8th. 1949 — REGISTRAR'S SIGNATURE R.W. A. W. Hedrick

24. FUNERAL DIRECTOR Howard N. Blight Jr. ADDRESS Blight Funeral Home - 6009 Harford Road Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

442/61

0283

Reg. Dist. No. .....

1. PLACE OF DEATH:

County Balto.

City or town Fullerton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred:

.....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Fullerton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2 Fullerton Heights Ave

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Louise T. Swartz

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6.(b) Name of husband or wife James F.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 18 1883

8. AGE: Years 63 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Joseph Zelonka

13. Birthplace Balto.

MOTHER 14. Maiden name Anna Student

15. Birthplace Balto.

16. Informant Magdalen Reese

Address 2 Fullerton Heights Ave

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof JAN 31 1949 (month) (day) (year)

Cemetery or crematory HOLY REDEEMER

Location 4430 BELAIR RD.

18. Funeral director DIPPEL BROTHERS

Address 7110 BELAIR RD

19. January 29 1949 (Date rec'd by registrar) Rw. Alex Aldrich Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 27 1949 at 6:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-2 1942 to 1-27 1949 and that I last saw h.e.r. alive on 1-27 1949

Immediate cause of death	DURATION
Pulmonary Edema	6 hrs.
Due to Cardiac dilatation	Unknown
auricular fibrillation	"
Due to Arteria-sclerotic cardio-vascular renal disease	Unknown
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	3 yrs.

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Anthony J. Thomas M. D. or other

Address 4600 York Rd Date signed 1-28-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

Dr Anthony Thomas
4600 York Rd
Ba 21212

0284

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

450.0
97

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: as COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard - 19 — LENGTH OF STAY (in this place): 9 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: m
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 Denton Ave.	STREET ADDRESS (If rural give location): # 1.

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) THAMERT.				4. DATE OF DEATH (Month) JAN. (Day) 15 (Year) 1949			
5. SEX: Male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: Nov 8. 1872	9. AGE last birthday: 76 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CANNING FACTORY	10b. KIND OF BUSINESS OR INDUSTRY: FOOD.	11. BIRTHPLACE (State or foreign country): Baltimore. Md	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME: JOHN THAMERT.		14. MOTHER'S MAIDEN NAME: FREDERICKA (LAST?).					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 212-12-9253	17. INFORMANT: Catherine Rowles.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) INANITION.	2 weeks.
Antecedent cause(s)	(b) MYOCARDIAL FAILURE.	1 hour.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) GENERALIZED SENILE ARTERIOSCLEROSIS	6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): X	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): X m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from Nov 27, 1948, to Jan 15, 1949, that I last saw the deceased alive on Jan 12, 1949, and that death occurred at 12:45 P. m., from the causes and on the date stated above. Jan 15. 1949

SIGNATURE: Louis N. Tollin (Degree or title) M. D. ADDRESS: 6908 North Pt. Rd Balto-19- Md. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan. 18. 1949	NAME OF CEMETERY OR CREMATORY: Parkwood	LOCATION (City, town, or county) (State): Baltimore Md.
DATE REC'D BY LOCAL REG.: 1/17/49	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC. Baltimore Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

0285

420.1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

94a Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Balto 20 | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1909 Eastern ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville 14
STREET ADDRESS (If rural give location) 3034 California ave.

3. NAME OF DECEASED (Type or Print) (First) ~~Hon~~ Charlie (Middle) (Last) Thompson

4. DATE OF DEATH (Month) Jan (Day) 29 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Nov 2/1866 | 9. AGE last birthday 82 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Balto. Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Thompson | 14. MOTHER'S MAIDEN NAME Rose ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Doris Heim

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival to 1/29, 1949, that I last saw the deceased alive on 1/29, 1949 and that death occurred at 8 15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Carmine M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md 1/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 2/2/49 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) (State) Eastern Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 2/1/49 | REGISTRAR'S SIGNATURE John G. Connelly | 24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

M

I

T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

260
61

0286

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Reisterstown. (If outside city or town limits, write RURAL and give nearest town)

Street No. 21 Stocksdale Ave. (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Annie Virginia Toft

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	W.

6.(b) Name of husband or wife Jesse Toft. 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 24, 1862.

8. AGE: Years 86 | Months 8 | Days 7 | If less than one day ... hrs. ... min.

9. Birthplace Reisterstown, Balto. Md. (Town, county, and state)

10. Usual occupation Retired House Keeper

11. Industry or business

FATHER
12. Name Hazel Perry Cook
13. Birthplace Reisterstown, md.

MOTHER
14. Maiden name Myrca Louisa Stocksdale
15. Birthplace Reisterstown, md.

16. Informant Mrs. Joseph E. Cook
Address 21 Stocksdale Ave. Reisterstown.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 3, 1949 (month, day, year)
Cemetery or crematory Reisterstown Methodist Cemetery
Location Reisterstown, md.

18. Funeral director Wm Berryman + Sons
Address Reisterstown, md.

19. 1-3-1949 Mary B. Eline. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1-1-49 19... at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-30 19... to 1-1-49 19... and that I last saw h[illegible] alive on 12-31-48 19...

Immediate cause of death	DURATION
Myocarditis - chronic	10 yrs
Due to Decompensating Hypertension	
Due to Diabetes mellitus	15 yrs
Other conditions Arteriosclerosis	10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE James G. Duffell M. D. or other

Address Reisterstown, md. Date signed 1-2-49

1-2-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 5 1949
BUREAU V. S.

0287

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

160
53

CERTIFICATE OF DEATH

Reg. Dist. No. 42

EVIDENCE FOR REARRANGING # 18 10 ON: FILM # S 119-3-2-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus — LENGTH OF STAY (in this place) 85 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 Oakley Village

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 110 Oakley Village

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Belle	Underwood	1	12	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Jan 15-1863	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Balto, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Robert Duckett	Mary Ellen Duckett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	NONE	Mr. Walter Underwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) (2) Myocardial Insufficiency	9 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (3) Squamous Cell Carcinoma of Nose	16 yrs.
	(c) (1) Generalized Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 18, 1948, to Jan 12, 1949, that I last saw the deceased alive on Jan 11, 1949, and that death occurred at 3 55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Earl Pass, M.D. — 4001 Wilkens Ave — 1-12-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 15-1949	Lorraine Park	Woodlawn, Balto Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 12-49	A. W. Hedrick	Geo. L. Beyer Jr.	1512 Hollins St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

420.1
120.1a

0288

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1913 Clark Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural give location): 1913 Clark Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	W.	Walther Sr.	Jan	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	June 7 1880	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick N. Walther	Anna Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs Lillie Walther, 1913 Clark Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	2 hrs 10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	8 years
	(c) Chronic Nephritis	8 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None			m.		

22. I hereby certify that I attended the deceased from May 10, 1933, to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 12 10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joshua H. Annacost	M.D.	6419 Windsor Mill Rd Baltimore-7 Md	Jan 23 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-26-49	Woodlawn	Woodlawn (7)	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		George A. Farley, Frederick & Shady Nook Aves	Catonsville 28, Md.

RECEIVED
FEB 3 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

443 Bc 0289

CERTIFICATE OF DEATH 932 Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md.
LENGTH OF STAY (in this place): 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 129 S. High Street ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) B. (Last) Wendell

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept., 1878

9. AGE last birthday: 70 yrs. If under 1 year: Months 4, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Wendell

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bilateral bronchopneumonia both lower lobes.	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decompensation	2 days
	(c) Hypertensive cv. dis. ; arteriosclerotic cv. dis.	Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Spastic triplegia — Indef.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1948, to Jan. 14, 1949 that I last saw the deceased alive on January 14, 1949, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John M. Arthur M.D. ADDRESS: Spring Grove State Hospital DATE SIGNED: Jan. 15, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial DATE: 1/18/49 NAME OF CEMETERY ~~OR CREMATORY~~: Balto LOCATION (City, town, or county) (State): Balto. Md.

DATE RECD BY LOCAL REG.: 1/17/49 REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Wm Cook Inc. ADDRESS: 1217 St. Paul St

0290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

974

CERTIFICATE OF DEATH

164a

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1715 Frederick Ave.	STREET ADDRESS (If rural, give location) 1715 Frederick Ave.

3. NAME OF DECEASED (Type or Print)	(First) IRENE	(Middle) Reuwer	(Last) WESLEY	4. DATE OF DEATH	(Month) Jan. (Day) 15 (Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 10, 1893	9. AGE last birthday 55 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Reuwer			14. MOTHER'S MAIDEN NAME Elizabeth Smith		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Janice W. Gore 1715 Frederick Ave.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) by hanging

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. suicide

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) suicide	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home	(CITY OR TOWN) Catonsville	(COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? hung herself from water pipe in cellar by rope	

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5-30P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo W Kieffer	MD Dep Med Exam Balto	1010 Leeds av	1-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/19/49	NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	LOCATION (City, town, or county) (State) Balto., Md.
DATE REC'D BY LOCAL REG. 1/18/49	REGISTRAR'S SIGNATURE Geo. Hedrick Dm	24. FUNERAL DIRECTOR WM. J. TICKNER & SONS	ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

322.1

0291

CERTIFICATE OF DEATH

1780

Reg. Dist. No. 38

REPLACEMENT CERTIFICATE 2-11-49 L Do not Copy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BAYNESVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2201 Joppa road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BAYNESVILLE
STREET ADDRESS (If rural, give location): 2201 Joppa road

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) VIVIAN WHITE (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 4-14-95

9. AGE last birthday: 53 yrs. If under 1 year: Months 9 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Howard county Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSEPH H. WHITE

14. MOTHER'S MAIDEN NAME: MARY L. HART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War

16. SOCIAL SECURITY NO.:

17. INFORMANT: Cleveland H. White 3323 Elm av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ASPHYXIATION BY GAS (ILLUMINATING). ACCIDENTAL	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	1/29/ 49
	(c) ALCOHOLISM, chronic	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐ No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): GAS POISONING (CITY OR TOWN): Towson (COUNTY): Baltimore (STATE): Md.

TIME OF INJURY (Month) Jan. (Day) 29 (Year) 1949 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Left some gas turned on while apparently intoxicated

22. I hereby certify that I attended the deceased from NONE, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at NOT DEFINITELY KNOWN AM 1-29-49 m., from the causes and on the date stated above.

SIGNATURE: Rollin C. Hudson (Degree or title) M.D. ADDRESS: DME Towson Md DATE SIGNED: 1/30/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 2-2-49 — NAME OF CEMETERY OR CREMATORY: U S NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REG.: 2-1-49 — REGISTRAR'S SIGNATURE: A W HEDRICH dm

24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St. Paul St.

RECEIVED
FEB 15 1949
BUREAU T, S.

0292

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

890.0
178 A

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
LENGTH OF STAY (In this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2201 Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville
STREET ADDRESS (If rural, give location) 2201 Joppa Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ISLA	V.	WHITE	Jan	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	About 1900	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home		

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAMS	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mr Cleveland H. White, 3323 Elm St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxiation by gas (illuminating) Accidental	Sudden 1/29/49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic heart disease, type unknown	Unknown
	(c) Cerebral hemorrhage & partial paralysis, extent and cause unknown	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Gas burning stove in home	Towson	Baltimore	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
Jan 29, 1949 AM.		Unknown, it appeared gas left on by light.

22. I hereby certify that I attended the deceased from Jan 19__ to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Collins B. Hudson M.D. ADDRESS D.M.E. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/2/49	U.S. National	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/1/49	A. W. Nedrick	William Cook, Inc., 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

442 131a

0293

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH· COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 32 yrs., 10 mths. 20 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) JOSEPH (Middle) (Last) WHITTINGTON				4. DATE OF DEATH (Month) Jan. (Day) 26, (Year) 1949		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Jan. 2, 1865	9. AGE last birthday: 84 yrs.	If under 1 year Months Days: 24	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman	10b. KIND OF BUSINESS OR INDUSTRY: Fishing	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME: Joseph Whittington		14. MOTHER'S MAIDEN NAME: Virginia Stevenson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Hospital Records				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tabo Pneumonia	1 day
Antecedent cause(s)	(b) Cardiac Decompensation	6 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic C.V.R. Disease	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 6, 1916, to Jan. 26, 1949, that I last saw the deceased alive on Jan. 26, 1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isadore Tuerk, M.D.		Catonsville 28, Md.	1/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan. 28, 1949	NAME OF CEMETERY OR CREMATORY: Crisfield Cem.	LOCATION (City, town, or county) (State): Crisfield, Md.
DATE REC'D BY LOCAL REG.: 1-27-49	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: Durward S. Covington	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

420.0
93d

0294

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH

County: Baltimore

City or town: Rural - Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Rural - Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5311 Old Frederick Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Leonard J. Wilmoth

3.(b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Mamie M. Wilmoth

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.): Feb 28. 1861

8. AGE: Years 87 | Months 10 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace: Randolph Co. W. Va.
(Town, county, and state)

10. Usual occupation: Retired Road Foreman

11. Industry or business: of Engines - B & O. R. R.

FATHER
12. Name: Isaac T. Wilmoth
13. Birthplace: W. Va.

MOTHER
14. Maiden name: Sarah Turner
15. Birthplace: Unknown.

18. Informant: Mamie M. Wilmoth
Address: 5311 Old Frederick Road.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 15. 1949 (month) (day) (year)

Cemetery or crematory: Upper Seneca.

Location: Montgomery Co. - Md.

18. Funeral director: Mr. & Mrs. John W. Teufel & Son
Address: 5311 Edmondson Ave.

19. 1-14 1949 (Date rec'd by registrar) A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 12 1949 at 11 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to Jan 12 1949 and that I last saw him alive on Jan. 6, 1949

Immediate cause of death: Arteriosclerotic heart disease

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John H. Treacher M. D. or other

Address: 1035 N. Calvert St. Date signed: Jan. 12, 1949

M

MARGIN RESERVED FOR BINDING

I

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0295

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

422.1 / 93d

Reg. Dist. No. 43

1. PLACE OF DEATH:

County: Baltimore

City or town: Overlea (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Balto

City or town: Overlea (If outside city or town limits, write RURAL and give nearest town)

Street No. 113 Raspe Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Lillie Wuestner

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: widow ~~married~~

6.(b) Name of husband or wife: John Wuestner

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 16 1866

8. AGE: Years 82 | Months 2 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace: Balto (Town, county, and state)

10. Usual occupation: at home

11. Industry or business

FATHER

12. Name: Leonard Bartholomeaus

13. Birthplace: Ger

MOTHER

14. Maiden name: Julia Greenber

15. Birthplace: Ger

16. Informant: Mrs Julia Weber

Address: 517 S Rappola St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 15/49 (month) (day) (year)

Cemetery or crematory: Moreland Men

Location: Balto Co Md

18. Funeral director: Ulrich Funeral Home

Address: 2008 Orleans St

19. 1-13 1949 (Date rec'd by registrar) A. W. Hebrich Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 12 1949, at 3 15 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1948, to Jan 12 1949 and that I last saw her alive on Jan 11 1949

Immediate cause of death: Ch myocarditis — DURATION: 1 year.

Due to: Arteriosclerosis

Due to: Senility

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J S Harding M. D. or other

Address: 3805 Belair Rd Date signed: 1/12/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

334
63 b

0296

Reg. Dist. No. 43

1. PLACE OF DEATH:
County: Balto.
City or town: Overlea.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 2 Chesler Ave
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Clifton Eugene Ziegler **3.(b) Social Security Number:** 218-09-9345

4. Sex	5. Color or race	6.(c) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Louise B.
6.(c) If alive, give age: 79 years
7. Birth date of deceased (mo., day, yr.): Nov. 22 1869

8. AGE: Years 79 | Months 1 | Days 24 | If less than one day: hrs. min.

9. Birthplace: Balto.
(Town, county, and state)
10. Usual occupation:
11. Industry or business: Retired
FATHER 12. Name: Joseph Ziegler
13. Birthplace: Balto
MOTHER 14. Maiden name: Emma ?
15. Birthplace: Balto.
16. Informant: Louise B. Ziegler
Address: 2 Chesley Ave
17. (Burial, cremation, or removal. Which?) Burial Date thereof: 1 (month) 19 (day) 49 (year)
Cemetery or crematory: Holy Redeemer
Location: 4600 Belair Rd.
18. Funeral director: Dippel Bros
Address: 7110 Belair Rd
19. 1/18 (Date rec'd by registrar) 19 49 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 16 19 49 at 4:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN. 7 19 49 to JAN. 16 19 49 and that I last saw h.. l.. alive on JAN 16 19 49

Immediate cause of death	DURATION
CEREBRAL THROMBOSIS	9 DAYS
and HEMIPLEGIA (RIGHT)	"
Due to: CEREBRAL ARTERIOSCLEROSIS	10 Yrs.
ARTERIAL HYPERTENSION	"
Due to:	
Other conditions: SENILITY	—

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other
Address: 634 Belair Rd. (6) Date signed: 1/17/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WS ALB 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County Baltimore

City or town Cockeysville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death 6 yrs

Hospital, institution, or street address where death occurred: Masonic Home, Cockeysville

How long in hospital or institution? 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2713 Edmondson Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Mrs Justine Elizabeth Zimmerman

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Louis C. Zimmerman

(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 6 - 1872

8. AGE: Years	Months	Days	If less than one day
76	6	6	..... hrs. ..... min.

9. Birthplace Baltimore Md

(Town, county, and state)

10. Usual occupation Housemaid

11. Industry or business

FATHER 12. Name Conrad Miller

13. Birthplace Hessen Germany

MOTHER 14. Maiden name Justine Bermeth

15. Birthplace Hanover, Germany

16. Informant Laura M. Schroeder

Address Masonic Home, Cockeysville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 15 49 (month) (day) (year)

Cemetery or crematory Western Cemetery

Location Baltimore Md.

18. Funeral director Wm. Cooke

Address St. Paul & Preston St

19. 1-13-49 (Date rec'd by registrar) L.M. Schroeder Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 19 49 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 46, to Jan 12 19 49 and that I last saw h-- alive on Jan 12 - 49 19

Immediate cause of death	DURATION
Cardiac Decompensation	1 day
Due to Generlized Arteria Sclerosis	6 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Walter T. Kreo M.D. M. D. or other

Address Cockeysville Md Date signed 1/12/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

RECEIVED
JAN 14 1949
BUREAU V. S.